2004 FOR PROFIT CORPORATION

SIGNATURE: Due

Jan 20, 2004 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P97000044371 01-20-2004 90059 037 ***150.00 1. Entity Name LAY'S WESTERN WEAR & FEED, INC. Principal Place of Business Mailing Address 5530 OLD HIGHWAY 37 5530 OLD HIGHWAY 37 44003250 LAKELAND, FL 33811 LAKELAND, FL 33811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Zip 59-3453086 Country Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent LAY, THOMAS L 5530 OLD HIGHWAY 37 LAKELAND, FL 33811 Not Acceptable) City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept Signature, typed or printed name of registere and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VD Delete TITLE QV9 NAME LAY, BRIAN Change ☐ Addition NAME STREET ADDRESS Brian Lay 5530 OLD HIGHWAY 37 STREET ADDRESS 5530 Old Hwy 37 CITY-ST-7IP LAKELAND, FL 33811 CITY-ST-7/P Lakeland, Fla: 3381 TITLE STO Delete TITLE NAME LAY, BEVERLY ☐ Change ☐ Addition NAME STREET ADDRESS 5530 OLD HIGHWAY 37 STREET ADDRESS CITY-ST-7IP LAKELAND, FL 33811 CITY-ST-7IP TITE **D**elete TITLE NAME LAY, THOMAS L ☐ Change ☐ Addition NAME -STREET ADDRESS 5530 OLD HIGHWAY 37 LAKELAND, FL 33811 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

O OFFICER OF DIRECTO

FILED