

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000067524

1. Entity Name
THE DECHAMPLAIN'S HEAVEN'S GATE FARM, INC.



Principal Place of Business
**3239 SW COUNTY RD. 334
TRENTON, FL 32693**

Mailing Address
**3239 SW COUNTY RD. 334
TRENTON, FL 32693**

FILED
Jan 21, 2004 08:00 AM
Secretary of State



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3472210

5. Certificate of Status Desired ☐ **\$8.75 Addition
Fee Required**

Applicable
Not Applicable

6. Name and Address of Current Registered Agent

**ARLEN, ROBERT M
1501 CORPORATE DR., STE. 200
BOYNTON BEACH, FL 33426**

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
DECHAMPLAIN, SUZANNE
3239 SW COUNTY RD. 334
TRENTON, FL 32693**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
DECHAMPLAIN, MARC
3239 SW COUNTY RD. 334
TRENTON, FL 32693**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000009259
01/21/04-60004-008 150.00

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IN THIS SPACE**

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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, or on an attachment with an address, with all other like empowerment.