2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000087814

1. Entity Name
PIONEER FARMS, INC.

Principal Place of Business	Mailing Address
2696 S. W. 96TH STREET STUART, FL 34997 US	2696 S. W. 96TH STREET STUART, FL 34997 US

DO NOT WRITE IN THIS SPACE

04142004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0786583	Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MANUEL, FARACH
1645 PALM BEACH LAKES BOULEVARD
SUITE 1200
WEST PALM BEACH, FL 33401

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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 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	D
NAME	KROPP, KENNETH C
STREET ADDRESS	13425 CITRUS GROVE BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33412

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/04-80026--011 150.00

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Kenneth C. Kropp_   Kenneth C. Kropp   4/21/04   772-286-0191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #