

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90290 044 \*\*\*150.00

**DOCUMENT # P97000089823**

1. Entity Name  
**SCRUB TOWN FARM, INC.**



Principal Place of Business  
**2601 CHAPMAN BOULEVARD  
PUNTA GORDA, FL 33950**

Mailing Address  
**2601 CHAPMAN BOULEVARD  
PUNTA GORDA, FL 33950**



04062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0790770</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MURRAY, JAMES T  
2601 CHAPMAN BOULEVARD  
PUNTA GORDA, FL 33950**

**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 accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	MURRAY, JAMES T
STREET ADDRESS	2601 CHAPMAN BOULEVARD
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	D
NAME	MURRAY, JOYCE M
STREET ADDRESS	2601 CHAPMAN BOULEVARD
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	D
NAME	Bradley J. Murray
STREET ADDRESS	17030 Doyle Ave.
CITY-ST-ZIP	Port Charlotte, FL 33954
TITLE	D
NAME	J. K. Murray
STREET ADDRESS	1514 Lake Robinia Dr.
CITY-ST-ZIP	Woodstock, GA 30189
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-04 941-637-7575