

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000094010**

**1. Entity Name**  
**FARMER COMMERCIAL REAL ESTATE GP, INC.**



**Principal Place of Business**  
**8111 SHELBYVILLE ROAD**  
**LOUISVILLE, KY 40222 US**

**Mailing Address**  
**8111 SHELBYVILLE ROAD**  
**LOUISVILLE, KY 40222 US**

**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
**59-3476341**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

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

**UNDERWOOD, ROBERT L**  
**537 EAST PARK AVENUE**  
**SUITE 550**  
**ORLANDO, FL 32819**

**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**

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, 2005 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**  
**PC**  
**FARMER, TRACY**  
**8665 BAY COLONY DRIVE #1804**  
**NAPLES, FL 341086774**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**S**  
**FARMER, DEL**  
**8111 SHELBYVILLE ROAD**  
**LOUISVILLE, KY 40222**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**TITLE**  
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**CITY - ST - ZIP**

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01/11/05-80061-015 150.00

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**