## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 19, 2004 08:00 AM DOCUMENT # P97000107570 **Secretary of State** 1. Entity Name PHIL TURNER FARMS, INC. Principal Place of Business Mailing Address 1999 NE LIVINGSTON ST. ARCADIA FL 34266 1999 NE LIVINGSTON ST. ARCADIA FL 34266 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 59-3483989 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TURNER, PHILIP W Street Address (P.O. Box Number is Not Acceptable) 1999 NE LIVINGSTON ST. ARCADIA FL 34266 City Zip Code 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 rounstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition ☐ Delete TITI E TITLE TURNER, PHILIP W NAME U00000057503 02/19/04-80064-008 150.00 NAME STREET ADDRESS 1999 NE LIVINGSTON STREET STREET ADDRESS CITY - ST - ZIP ARCADIA FL 34266 CITY-ST-ZIP Change ☐ Addition VD TITLE ☐ Delete TITLE TURNER, PHILIP W JR NAME NAME STREET ADDRESS STREET ADDRESS 4067 NE MASTERS AVENUE CITY-ST-ZIP ARCADIA FL 34266 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE STD MCKETTRICK, LIBBY T NAME NAME STREET ADDRESS STREET ADDRESS 1922 NE LIVINGSTON STREET CITY-ST-ZIP CITY-ST-7IP ARCADIA FL 34266 Change Addition TITLE ☐ Delete TITI £ NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP 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.

Libby T. McKettrick

NUNG OFFICER OR DIRECTOR

SIGNATURE:

2-17-04

Date

863-494-3700

Daylime Phone #

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