FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P98000002620** 1. Corporation Name

HAPPY FARMS, INC.

, ,					
Principal Place	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		110 B 0100 41900 B3010 3100 B001 0001
1667 ARBOR DRIVE		1667 ARBOR DRIVE			
CLEARWATER FL 33756		CLEARWATER FL 33756			
				DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualifed	
[01/09/1998	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	X Applied For
21 625 Court St., #200		26 625 Court St.			Not Applicable
Suite, Apt. #, etc.		Suite, Apt #. etc.			\$8.75 Additional
22		27 #200		5. Certificate of Status Desired []	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Clearwater, FL		28 Clearwater, FL		Trust Fund Contribution	Added to Fees
Zip Country		Zip Country		8. This corporation owes the current year Intangible	
24 33756	6 25 USA	29 33756	30 USA	Personal Property Tax	[]Yes [No
	9. Name and Address of Current		4±3 +	10. Name and Address of New Registers	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 82 Street Address (P.O. Box Number is Not Acceptable) 625 Court St., #200 84 City Clearwater FL 33756 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of clanging its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appoint nent as registered agent, and manifilar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent a	and little if applicable (NOTE	Registered Agent signature require		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	Vice President	[] DELETE	11 TITLE		Change Add-tion
NAME	R. Nathan Hightowe	r. Esa.	1.2 NAME	70000288	ro p ro ro に [-
STREET ADDRESS 625 Court St., #20			13 STREET ADDRESS		
CITY-ST-ZIP	Glearwater, FL 337		14 CITY-ST-ZIP		01040004
TITLE	Clearwater, rh 337.	DELETE	21 TITLE	****150.0	ti - yelaka 150 dalam
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADORESS		ĺ
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		[] DELETE	31 TITLE		Change CAddition
NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADORESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		-
TITLE	*,	DELETE	41 TITLE		Change [] Addition
J i		E) betele			E sharge []/reshort
NAME			4 2 NAME		
STREET ADORESS			4 3 STREET ADDRESS		
CITY-ST-ZIP		F. (22.33)	4.4 CITY-S1-ZIP		
TITLE		[] DELETÉ	5 1 TITLE		[] Change [] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		

CITY-ST-ZIP 14. 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 cert fy that the informatic indicated on this annual report or supplemental annual 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 of the state empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on each attachment with an address, with all other like empowered

63 STREET ADORESS

CITY: ST: ZIP

STREET ADDRESS

TITLE NAME

[] DELETE

FILED

Secretary of State

May 28 1999 8:00 am

Addition

[] Change