

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000002914**

1. Entity Name  
**FORELOCK FARMS INC.**



Principal Place of Business  
**3460 FORELOCK RD  
TARPON SPRINGS, FL 34688**

Mailing Address  
**3460 FORELOCK RD  
TARPON SPRINGS, FL 34688**



06302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3501536**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, RICHARD M  
3460 FORELOCK RD  
TARPON SPRINGS, FL 34688**

**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 Richard M Smith  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/30/04  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME SMITH, BELINDA S  
STREET ADDRESS 3460 FORELOCK RD  
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE VPS  
NAME SMITH, R. MICHAEL  
STREET ADDRESS 3460 FORELOCK RD  
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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07/07/04-80018-021 158.75

**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)(f), 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: Belinda Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/04 727-937-1073  
Date Daytime Phone #