04-28-04 10:45AM FROM GALLAGHER & CO. CPA

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90202 045 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000019807

1. Entity Name
FARNHAM AND ASSOCIATES INC.

24071056

Principal Place of Business	Mailing Address
1019 NW 9TH AVE CAPE CORAL, FL 33993	1019 NW 9TH AVE CAPE CORAL, FL 33993

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
200 SE 12th Ave	200 SE 12th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral FL	City & State: Cape Coral FL
Zip: 33990 Country: USA	Zip: 33990 Country: USA

4. FEI Number: 65-0819174 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VANVLYMEN, MERRIBETH
1019 NW 9TH AVE
CAPE CORAL, FL 33993

7. Name and Address of New Registered Agent

Name: VanVlymen Merribeth
Street Address (P.O. Box Number is Not Acceptable): 200 SE 12th Ave
City: Cape Coral FL Zip Code: 33990

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: MerriBeth VanVlymen (signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4-28-04

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PVST NAME: VANVLYMEN, MERRIBETH STREET ADDRESS: 1019 NW 9TH AVE CITY-ST-ZIP: CAPE CORAL, FL 33993	☐ Delete	TITLE: PVST NAME: VanVlymen, Merribeth STREET ADDRESS: 200 SE 12th Ave CITY-ST-ZIP: Cape Coral, FL 33990	☒ Change ☐ Addition
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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: MerriBeth VanVlymen (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 4-28-04 Daytime Phone #: (239) 464-3345