

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90118 016 ***158.75

DOCUMENT # P98000042979	
1. Entity Name FARMERS MANUFACTURING ACQUISITION COMPANY, INC.	

Principal Place of Business 814 HAMMONDVILLE RD POMPANO BEACH, FL 33060	Mailing Address 814 HAMMONDVILLE RD POMPANO BEACH, FL 33060
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44047211



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07012004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0834569	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
FORDE, ELIZABETH 814 HAMMONDRILLE RD POMPANO BEACH, FL 33060	

7. Name and Address of New Registered Agent	
Name	MORGAN REESER
Street Address (P.O. Box Number is Not Acceptable)	
814 HAMMONDVILLE ROAD	
City	POMPANO BEACH FL
Zip Code	33060

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: MORGAN REESER, (P)	DATE: 07/01/2004

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESER, DENNIS	NAME	
STREET ADDRESS	360 SOUTH WYMORE ROAD	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESER, DICK M	NAME	
STREET ADDRESS	2700 NE CENTER AVE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORDE, ELIZABETH	NAME	
STREET ADDRESS	814 HAMMONDVILLE RD	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESER, MORGAN	NAME	
STREET ADDRESS	814 HAMMONVILLE RD	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-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.	
SIGNATURE: MORGAN REESER, (P)	DATE: 7/01/2004 DAYTIME PHONE: (954) 946-3066