


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000054821 1. Entity Name TRAWICK FARMS, INC.	
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Principal Place of Business 5773 E. US 27 MAYO, FL 32066 US	Mailing Address 5773 E. US 27 MAYO, FL 32066 US
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3516909	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TRAWICK, PAUL N RT.2 BOX 1215 MAYO, FL 32066
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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 Paul N. Trawick DT  4-22-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TRAWICK, DAVID RT.2 BOX 1215 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS TRAWICK, BARBARA RT.2 BOX 1215 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TRAWICK, PAUL RT.2 BOX 1215 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANSON, TIMOTHY RT 2 BOX 1240 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  Timothy B. Hanson V.P. 4-23-04 (386) 294-1630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #