

2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90189 024 ***150.00

DOCUMENT # P98000056394	
1. Entity Name	
WRB Peat Farming, Inc.	

DO NOT WRITE IN THIS SPACE

24061311

2. Principal Place of Business 1414 Swann Avenue		3. Mailing Address	
Suite, Apt. #, etc. # 201		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State	
Zip 33606	Country	Zip	Country


DO NOT WRITE IN THIS SPACE

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		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name O'Neill, Albert C. Jr.		
		Street Address (P.O. Box Number is Not Acceptable) 101 East Kennedy Boulevard		
		Suite 2700		
		City Tampa	FL	Zip Code 33602

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D Blanchard, G. R. Sr. 1414 Swann Avenue, Suite 201 Tampa, FL 33606	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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **G. Robert Blanchard, Sr.** **4/29/2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #