2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000063345

1. Entity Name
MOORE FARMS, INC.

Principal Place of Business	Mailing Address
4144 W MAIN ST WAUCHULA, FL 33873	P O BOX 907 WAUCHULA, FL 33873

04302004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0861642	Not Applicable

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

6. Name and Address of Current Registered Agent

WILKINSON, LOUISE D
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801

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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_____

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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VST
NAME	MOORE, DIANE P
STREET ADDRESS	4144 W MAIN ST
CITY-ST-ZIP	WAHCULA, FL 33873

TITLE	P
NAME	MOORE, KENNY I
STREET ADDRESS	4144 WEST MAIN ST
CITY-ST-ZIP	WAUCHULA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
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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: _Diane Polk Moore_ Diane Polk Moore Secretary 4/28/04 863-735-1595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #