## FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 20, 2004 8:00 am Secretary of State DOCUMENT # P98000063924 1. Entity Name 04-20-2004 90030 020 \*\*\*150 00 CYPRESS MEADOWS FARM, INC. Principal Place of Business Mailing Address 3888 DARLENE ROAD 3888 DARLENE ROAD MIDDLEBURG FL 32068 MIDDLEBURG FL 32068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3533055 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WURSTER JUDY L 3888 DARLENE ROAD MIDDLEBURG FL 32068 2ip Code 32068 MIDDLE BURG 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 age PELFEEL SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PTD TITLE TITLE TH Change ☐ Addition ☐ Delete PELFREY MARLA 3088 DARWINE ROAD WURSTER, JUDY L NAME NAME STREET ADDRESS 3888 DARLENE ROAD STREET ADDRESS MIDDLEBURG FL 32068 MIDDLEBURG FL 32068 CITY-ST-ZIP CITY-ST-ZIP VSD The Change TITLE Delete TITLE RMZ JULIE 3888' DARLENE ROAD ☐ Addition DOCHERTY, EDWARD L NAME NAME STREET ADDRESS 3888 DARLENE ROAD STREET ADDRESS MIDDLEBURG, FL. 32068 CITY-ST-ZIP MIDDLEBURG FL 32068 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition PELFREY KENNETH 3888 DARLENE-ROAD PELFREY NAME NAME STREET-ADDRESS STREET-ADDRESS MIDDLEBURG. FL 370 69 CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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. MARLA DELFREY PRESIDENT

CITY-ST-ZIP

CITY-ST-719

FILED