


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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


05-06-2004 90173 046 ***150.00

DOCUMENT # P98000083817	
1. Entity Name CALHOUN FARMS, INC.	

Principal Place of Business 9345 FLEMING GRANT RD. MICCO, FL 32976	Mailing Address 9345 FLEMING GRANT RD. MICCO, FL 32976
--	--

DO NOT WRITE IN THIS SPACE

64071700



05022004 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SCHLICHTE, PAUL G.
2134 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE DP	CALHOUN, CINDY
NAME	9345 Fleming Grant Rd.
STREET ADDRESS	911 NW 7TH STREET
CITY-ST-ZIP	DANIA, FL 33004 Micco, FL 32976
TITLE ST	CALHOUN, STEVE
NAME	9345 Fleming Grant Rd.
STREET ADDRESS	911 NW 7TH STREET
CITY-ST-ZIP	DANIA, FL 33004 Micco, FL 32976
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Cindy Calhoun (PRES) **5/1/04** **772 664-7005**

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