


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-06-2004 90178 030 ***150.00

DOCUMENT # P98000087812					
1. Entity Name WILLOW CREEK FARMS, INC.					
Principal Place of Business 5020 ARENA RD CRESTVIEW, FL 32536 US			Mailing Address 5020 ARENA RD CRESTVIEW, FL 32536 US		
2. Principal Place of Business		3. Mailing Address		24072021	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05012004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 59-3550281	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BANKERT, GLENN M 4698 LOVE GRASS LANE CRESTVIEW, FL 32539			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 \$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		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME BANKERT, GLENN M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4698 LOVE GRASS LANE	CITY-ST-ZIP CRESTVIEW, FL 32539		NAME	STREET ADDRESS	
TITLE DS	NAME BANKERT, CHRISTINE K	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4698 LOVE GRASS LANE	CITY-ST-ZIP CRESTVIEW, FL 32539		STREET ADDRESS	CITY-ST-ZIP	
TITLE VD	NAME SHASKAS, KATHY	<input type="checkbox"/> Delete	TITLE DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5020 ARENA RD	CITY-ST-ZIP CRESTVIEW, FL 32536		NAME Kathy Grodoski	STREET ADDRESS 5020 Arena Road	
TITLE SA	NAME HELLER, JOSEPHINE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 8900 SW 93RD LN, APT B	CITY-ST-ZIP OCALA, FL 34481		STREET ADDRESS Crestview, FL 32536	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		NAME	STREET ADDRESS	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		NAME	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.					
SIGNATURE: <i>Kathy Grodoski</i> For Kathy Grodoski			4/30/04 (850) 682-4357		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		