


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90027 013 ***150.00

DOCUMENT # P98000100913

1. Entity Name
LIPE FARMS, INC.



Principal Place of Business Mailing Address
 9090 S.W. LIPE ST. 9090 S.W. LIPE ST.
 ARCADIA, FL ~~34266-6615~~ ARCADIA, FL ~~34266-6615~~


54020388

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country
34269 **34269** **34269** **34269**



03112004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3545424 Not Applicable

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

6. Name and Address of Current Registered Agent

WOLF, ROBERT M P.A.
33 S.E. 4TH ST., STE. 102
BOCA RATON, FL 33432

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	LIPE, THOMAS B
STREET ADDRESS	9090 S.W. LIPE STREET
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	VP <input type="checkbox"/> Delete
NAME	LIPE, JOHN W
STREET ADDRESS	9080 S.W. LIPE STREET
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	S <input type="checkbox"/> Delete
NAME	LIPE, PAULINE E
STREET ADDRESS	9080 S.W. LIPE STREET
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	T <input type="checkbox"/> Delete
NAME	LIPE, JOHNNIE L
STREET ADDRESS	9090 S.W. LIPE STREET
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	34269
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	34269
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	34269
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	34269
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

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: Pauline E. Lipe by RMA Date 3/11/04 Daytime Phone # 561-338-5060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR