

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000018376

FILED  
Apr 06, 2004  
Secretary of State

Entity Name: JAMES CRYSTAL FARMS, INC.

**Current Principal Place of Business:**

6600 N. ANDREWS AVE.  
SUITE 160  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

6600 N. ANDREWS AVE.  
SUITE 160  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 65-0910128      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HILLARD, JAMES W  
6600 N. ANDREWS AVE., SUITE 160  
FORT LAUDERDALE, FL 33309      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: HILLIARD, JAMES C SR.  
Address: 7 OCEAN PLACE  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: D      ( ) Delete  
Name:  
Address: 4855 ACORN DRIVE  
City-St-Zip: BOCA RATON, FL 33487

Title: VP      ( ) Delete  
Name: HILLIARD, JAMES W  
Address: 6343 N.W. 24TH ST  
City-St-Zip: BOCA RATON, FL 33434

Title: VP      ( ) Delete  
Name: HINDES, RICHARD C  
Address: 3557 CYPRESS WOOD CT.  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: SCHROPFER, GARY E  
Address: 4855 ACORN DRIVE  
City-St-Zip: BOCA RATON, FL 33487

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD C. HINDES

VP

04/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date