


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000030990**

1. Entity Name  
**TREEMONT FARMS, INC.**



Principal Place of Business  
**7343 JOMEL DR.  
 SPRING HILL, FL 34607**

Mailing Address  
**7343 JOMEL DR.  
 SPRING HILL, FL 34607**

**DO NOT WRITE IN THIS SPACE**



04042004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3571245**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**EATON, ROBERT D  
 7343 JOMEL DRIVE  
 SPRING HILL, FL 34607**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reissuing)

**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**

UN0000106053  
 04/07/04-80051-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EATON, ROBERT D
STREET ADDRESS	7343 JOMEL DR
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	ST
NAME	EATON, THERESA A
STREET ADDRESS	7343 JOMEL DR
CITY-ST-ZIP	SPRING HILL, FL 34607
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: Robert D. Eaton **4/4/04** **(352) 596-6528**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #