

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000054426

1. Entity Name
DOUBLE BROOK FARM, INC.



Principal Place of Business
**1283 NE 120TH STREET
OCALA, FL 34479-1020**

Mailing Address
**1283 NE 120TH STREET
OCALA, FL 34479-1020**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3587961 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**CROTHERS, ANNA
1283 NE 120TH STREET
OCALA, FL 34479-1020**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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**

U00000073955

03/02/04 00057 023 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S CROTHERS, ANNA M 1283 NE 120TH STREET OCALA, FL 344791020 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 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 *Anna Crothers* **ANNA CROTHERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04

Date

352-840-0112

Daytime Phone #

CL # 1240
3/1/04