

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90385 039 ***150.00

DOCUMENT # P99000058204 1. Entity Name FAR NORTH CORP.			
Principal Place of Business C/O AVRON C. RIFKIN, ESQ. 800 S.E. MONTEREY COMMONS BLVD., # 200 STUART, FL 34996		Mailing Address C/O AVRON C. RIFKIN, ESQ. 800 S.E. MONTEREY COMMONS BLVD., # 200 STUART, FL 34996	
2. Principal Place of Business 883 NE DIXIE HWY Suite, Apt. #, etc. # 7		3. Mailing Address PO BOX 2070 Suite, Apt. #, etc.	
City & State JENSEN BEACH, FL		City & State STUART, FL	
Zip 34957	Country MARTIN	Zip 34995-2070	Country MARTIN
4. FEI Number 65-0933739		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 RIFKIN, AVRON C 800 S.E. MONTEREY COMMONS BLVD. SUITE 200 STUART, FL 34996		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DB NAME WILLETT, THOMAS P STREET ADDRESS ONE SW OSCEOLA ST. -STE 1 CITY-ST-ZIP STUART, FL 34994	<input type="checkbox"/> Delete	TITLE P/V P/S/T/D NAME WILLETT, THOMAS P. STREET ADDRESS 883 NE DIXIE HWY #7 CITY-ST-ZIP JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.			
SIGNATURE:		THOMAS P. WILLETT 4-13-04 772-334-3383	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	