


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

|                                     |   |
|-------------------------------------|---|
| <b>DOCUMENT # P99000074629</b>      |  |
| 1. Entity Name<br>GLORY FARMS, INC. |   |

|  |   |
|--|---|
| Principal Place of Business<br>223 PARK ROAD NORTH<br>ROYAL PALM BEACH, FL 33411 | Mailing Address<br>PO BOX 2047<br>BELLE GLADE, FL 33430 |
|--|---|

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILKINSON, WALTER B  
223 PARK ROAD NORTH  
ROYAL PALM BEACH, FL 33411

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |   |
|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | U00000066938<br>02/26/04-80036-005 150.00 |
|---|---|---|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WILKINSON, WALTER B<br>223 PARK ROAD NORTH<br>ROYAL PALM BEACH, FL 33411 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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)(f), 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:**  **Walter B. Wilkinson** **2-24-04** **561-996-2800**