

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000110229

1. Entity Name
DAMPIER FARMS INC



FILED

04 APR 30 AM 10:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**2304 NOTLEY CT.
TALLAHASSEE, FL 32308**

Mailing Address
**2304 NOTLEY CT.
TALLAHASSEE, FL 32308**



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3620521	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BULLOCK, WILLIAM FRED
2304 NOTLEY CT.
TALLAHASSEE, FL 32308**

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 11/04--01031--009 **150.00
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BULLOCK, WILLIAM F 2304 NOTLEY CT. TALLAHASSEE, FL 32308
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IN THIS SPACE**

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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: *William Fred Bullock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04 688-2834
Date Daytime Phone #