


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90041 038 ***150.00

DOCUMENT # 277981

1. Entity Name
I. C. TERRY FARMS, INC.



Principal Place of Business Mailing Address

~~RT 27 BOX 208~~ ~~RT 27 BOX 208~~
LAKE CITY FL 32024 **LAKE CITY FL 32024**
US **US**

2. Principal Place of Business 3. Mailing Address

112 S.W. TERRY TERRACE **112 S.W. TERRY TERRACE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Lake City FL **Lake City FL**

Zip Country Zip Country

32024 **US** **32024** **US**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

TERRY, MADISON
~~RT 27 BOX 208~~
LAKE CITY FL 32024

4. FEI Number Applied For

59-1100152 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

112 S.W. TERRY TERRACE
 City **Lake City** State **FL** Zip Code **32024**

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 Madison Ross Terry V.P. DATE 4-1-04

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TERRY, JAMES I	
STREET ADDRESS	RT 27 BOX 208	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TERRY, MADISON ROSS	
STREET ADDRESS	RT 27 BOX 208	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	S	<input type="checkbox"/> Delete
NAME	TERRY, EARL-WILLIAM	
STREET ADDRESS	27 BOX 208	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	112 S.W. TERRY TERRACE	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	112 S.W. TERRY TERRACE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	112 S.W. TERRY TERRACE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Ross Terry DATE: 4-1-04 386-752-0996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #