2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 27, 2004 08:00₋AM **Secretary of State** DOCUMENT # J01995 BRANTLEY DAIRY FARMS, INC. Mailing Address Principal Place of Business 18493 69TH DR 18493 69TH DR MCALPIN, FL 32062 US MCALPIN, FL 32062 02232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2689445 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRANTLEY, ROBERT M DO NOT WRITE 18296 69TH DR MCALPIN, FL 32062 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 [NDTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable. 9. Election Campaign Financing \$5.00 May Be #00000068087 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 52/27/04-80028-005 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BRANTLEY, R.MICHAEL NAME STREET ADDRESS 18296 69TH DR CITY-ST-ZIP MCALPIN, FL 32062 VS LAW, STEPHEN A. NAME STREET ADDRESS 18493 69TH DR CITY-ST-ZIP MCALPIN, FL 32062 BILE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP 51515 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)(f), Florida Statutes. Lifurther 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 gifter like empowered.

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Tech Butte PRO

2/26/04 (386) 963 3764

FILED