

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91281 025 ***150.00

DOCUMENT # 339157
 1. Entity Name
PERKINS FARMS, INC.



Principal Place of Business: ~~40 SW AVENUE B~~
~~BELLE GLADE FL 33430~~
 US

Mailing Address: P O BOX 405
 BELLE GLADE FL 33430
 US

54042826



MOORE CR2E034 (11/03)

2. Principal Place of Business: #253
 13801 Hwy 441 SE
 Suite, Apt. #, etc.

3. Mailing Address: Same

City & State: Okeechobee FL
 Zip: 34974 Country: Okee

City & State: Suite, Apt. #, etc.

4. FEI Number: 59-1264886 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 CORBIN, KENDRA J
~~40 SW AVENUE B~~ #253
 BELLE GLADE FL 33430
 Okeechobee, FL 34974

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: *Kendra J Corbin* DATE: 3/18/04

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	PD	<input type="checkbox"/> Delete
NAME	CORBIN, KENDRA J	
STREET ADDRESS	13801 SE HWY 441 #253	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PERKINS, STACEY L	
STREET ADDRESS	17 NE AVENUE E	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	S	<input type="checkbox"/> Delete
NAME	PERKINS, JENNIFER L	
STREET ADDRESS	111 FAIRWAYS LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
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 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kendra J Corbin* DATE: 3/18/04 DAYTIME PHONE #: 561-996-4117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR