


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 A
Secretary of State


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



Principal Place of Business
4451 NE 10TH LANE
OKEECHOBEE, FL 34972 US

Mailing Address
4451 NE 10TH LANE
OKEECHOBEE, FL 34972 US

DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1264886	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

CORBIN, KENDRA J
4451 NE 10TH LANE
OKEECHOBEE, FL 34972

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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: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD	CORBIN, KENDRA J 4451 NE 10TH LANE OKEECHOBEE, FL 34972
TITLE VP	PERKINS, STACEY L 17 NE AVENUE E BELLE GLADE, FL 33430
TITLE S	PERKINS, JENNIFER L 115 SW PARK STREET OKEECHOBEE, FL 34972
TITLE NAME	
TITLE NAME	
TITLE NAME	

U00000732925
 05/09/07-80067-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **4/23/07** **863-467-4565**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #