

*** 2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 493227 1. Entity Name AUKEMA FARMS, INC.	
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Principal Place of Business 3061 WOODCREST RD. CHIPLEY, FL 32428	Mailing Address 3061 WOODCREST RD. CHIPLEY, FL 32428
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02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1642584	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AUKEMA, BONNIE 3061 WOODREST RD CHIPLEY, FL 32428

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AUKEMA, ARTHUR 3061 WOODREST ROAD CHIPLEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S AUKEMA, BONNIE 3061 WOODREST ROAD CHIPLEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V AUKEMA, GARY 355 HIGHWAY 90 CHIPLEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/21/06-80109-005 150.00

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IN THIS SPACE**

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: Bonnie Aukema **3/9/06** **1850-638-0923**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #