


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 289932
 1. Entity Name
 RLM FARMS, INC.



Principal Place of Business Mailing Address
 200 NW AVE L PO BOX 2048
 BELLE GLADE, FL 33430 US BELLE GLADE, FL 33430 US

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04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1096591	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

SHIVER, MICHAEL W
 200 NW AVE L
 BELLE GLADE, FL 33430

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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 _____ DATE _____
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	SHIVER, MICHAEL W.
STREET ADDRESS	200 N.W. AVE L
CITY - ST - ZIP	BELLE GLADE, FL
TITLE	P
NAME	MACE, ALICE H
STREET ADDRESS	900 SE 3RD STREET
CITY - ST - ZIP	BELLE GLADE, FL 33430
TITLE	VP
NAME	FREE, DEBRA J
STREET ADDRESS	6928 HAZELTINE DRIVE
CITY - ST - ZIP	FORT WORTH, TX 76132
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/22/05-80003-005 150.00

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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:  Michael W. Shiver 04/20/05 561-996-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #