## .2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 24, 2006 8:00 am **DOCUMENT # 289932** Secretary of State 1. Entity Name RLM FARMS, INC. 04-24-2006 90359 019 \*\*\*150.00 or no par Place of Business Mailing Address 200 NW AVE L PO BOX 2048 US BELLE GLADE, FL 33430 BELLE GLADE, FL 33430 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #. etc. 04202006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 59-1096591 Not Applicable Country 20 Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHIVER, MICHAEL W 200 NW AVE L Street Address (P.O. Box Number is Not Acceptable) BELLE GLADE, FL 33430 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. Signature, typed or printed name of registered agent and lifte if applicable. (HOTE: Registered Agent signature required when reinstitting) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition SHIVER, MICHAEL W. NAME NAME STREET ADDRESS 200 N.W. AVE L STREET ADDRESS 110 ST 312 BELLE GLADE, FL CITY-S1-ZIP 111 ☐ Delete Addition TITLE ☐ Change MACE, ALICE H NAME MAME STREET ADDRESS 900 SE 3RD STREET STREET ADDRESS BELLE GLADE, FL 33430 CITY - ST- ZIP CITY-ST-ZIP TITLE VP Delete Change Addition NAME FREE, DEBRA J NAME 6928 HAZELTINE DRIVE STREET ADDRESS STREET ADDRESS FORT WORTH, TX 76132 CITY-ST-7IP CHY-ST-ZIP ☐ Change ■ Addition THE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 19 St 7/P CITY-ST-ZIP Delete TITLE Change Addition TiTLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

**FILED** 

Michael W. Shiver 04/20 06 561-996-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description

12. Thereby 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 reservice of the corporation or the reservice of the corporation or the reservice of the corporation of the reservice of the reservice of the corporation of the reservice of the corporation of the reservice of the re

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SIGNATURE:

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