


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 330581 1. Entity Name MARKHAM SUGAR FARMS, INC.	
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Principal Place of Business 200 NW AVENUE L BELLE GLADE, FL 33430 US	Mailing Address P O BOX 2048 BELLE GLADE, FL 33430 US
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DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1229860	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 MARKHAM, BASIL D 1017 WEDGEWORTH ROAD BELLE GLADE, FL 33430	DO NOT WRITE IN THIS SPACE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARKHAM, BASIL D 1017 WEDGEWORTH ROAD BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARKHAM, BRANDON L 904 NE 3RD ST BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, BRENDA M 8 NW AVENUE F BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRISTMAS, BOBBI M 612 NW 3RD STREET BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/21/05-80029-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Basil D. Markham Basil D. Markham 2-8-05 561-996-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #