


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90025 020 ***150.00

DOCUMENT # 330581

1. Entity Name
MARKHAM SUGAR FARMS, INC.



Principal Place of Business Mailing Address

200 NW AVENUE L **P O BOX 2048**
BELLE GLADE, FL 33430 US **BELLE GLADE, FL 33430 US**

50000106



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

02102008 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For

59-1229860 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARKHAM, BASIL D
1017 WEDGEWORTH ROAD
BELLE GLADE, FL 33430

7. Name and Address of New Registered Agent

Name **BRENDA M. DAVIS**

Street Address (P.O. Box Number is Not Acceptable)
200 NW AVENUE L

City **BELLE GLADE** **FL** Zip Code **33430**

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 *Brenda M. Davis* **BRENDA M. DAVIS** **3-10-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	<input type="checkbox"/> Delete
P	MARKHAM, BASIL D	1017 WEDGEWORTH ROAD	BELLE GLADE, FL	<input type="checkbox"/>
VP	MARKHAM, BRANDON L	904 NE 3RD ST	BELLE GLADE, FL	<input type="checkbox"/>
S	DAVIS, BRENDA M	8 NW AVENUE F	BELLE GLADE, FL	<input type="checkbox"/>
T	CHRISTMAS, BOBBI M	612 NW 3RD STREET	BELLE GLADE, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		200 NW AVENUE L	BELLE GLADE, FL 33430	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Brenda M. Davis* **Brenda M. Davis** **3-10-08** **561-996-2800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #