


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 521711 1. Entity Name J & K FARMS, INC.	
---	---

Principal Place of Business 4610 SOUTH DRAWDY ROAD PLANT CITY, FL 33567	Mailing Address 4610 SOUTH DRAWDY ROAD PLANT CITY, FL 33567
---	---



03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1726734	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 HASTY, JOHN M 4610 S. DRAWDY RD. PLANT CITY, FL 33566
--

**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 reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

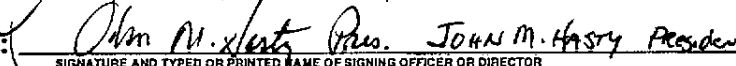
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HASTY, JOHN M 4610 S DRAWDY RD PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASTY, JOHN M 4610 S DRAWDY RD PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASTY, KATHY M 4610 S DRAWDY RD PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV HASTY, KATHY M 4610 S. DRAWDY RD. PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000293848
04/08/05-80044-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **JOHN M. HASTY President** **4-4-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #