2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # 521711

1. Entity Name J & K FARMS, INC.

Principal Place of Business

Mailing Address

4610 SOUTH DRAWDY ROAD PLANT CITY, FL 33567

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FILED Mar 22, 2007 08:00 A Secretary of State



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03072007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1726734

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASTY, JOHN M 4610 S. DRAWDY RD. PLANT CITY, FL 33566

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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.	
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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, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000675523 03/30/07-80022-013 150.nn

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

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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 addyess, with all other like empowered.

MM M . LLANG JOHN M .
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER

*813-505-358*2