

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90101 034 \*\*\*150.00

**DOCUMENT # 650715**

1. Entity Name

KENNETH O. DICKS FARMS, INC.



Principal Place of Business

922 SW JIM WITT RD.  
LAKE CITY FL 32025  
US

Mailing Address

922 SW JIM WITT RD.  
LAKE CITY FL 32025  
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-2040852**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKS, MYRTLE L  
922 SW JIM WITT RD  
LAKE CITY FL 32025

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PD  
DICKS, MYRTLE L ☐ Delete  
STREET ADDRESS  
922 SW JIM WITT RD  
CITY-STATE-ZIP LAKE CITY FL 32025

TITLE  
NAME D ☐ Change ☒ Addition  
Kenneth O. Dicks, Jr.  
STREET ADDRESS  
750 SW Jim Witt Rd  
CITY-STATE-ZIP Lake City, FL 32025

TITLE  
NAME VD  
DICKS, RALPH W ☐ Delete  
STREET ADDRESS  
ROUTE 3, BOX 160 A ~~5699 NW 111th Trail~~  
CITY-STATE-ZIP LAKE BUTLER FL 32054

TITLE  
NAME ☒ Change ☐ Addition  
5699 NW 111th Trail  
STREET ADDRESS  
~~5699 NW 111th Trail~~  
CITY-STATE-ZIP

TITLE  
NAME ASD  
GRAVEL, LISA L ☐ Delete  
STREET ADDRESS  
1502 SW DAIRY STREET  
CITY-STATE-ZIP LAKE CITY FL 32024

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME VD  
DICKS, JEFFERY S ☐ Delete  
STREET ADDRESS  
922 SW JIM WITT RD.  
CITY-STATE-ZIP LAKE CITY FL 32025

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME SD  
LONES, JANET L ☐ Delete  
STREET ADDRESS  
922 SW JIM WITT RD  
CITY-STATE-ZIP LAKE CITY FL 32055

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME TD  
GREEN, DARLENE R ☐ Delete  
STREET ADDRESS  
400 SW OAKWOOD COURT  
CITY-STATE-ZIP LAKE CITY FL 32024

TITLE  
NAME ☒ Change ☐ Addition  
922 SW Jim Witt Rd  
STREET ADDRESS  
Lake City, FL 32025  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 607, 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: Jeffery Dicks Jeffery Dicks 4/26/07 (386) 752-2329  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone \*