

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 650715

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: KENNETH O. DICKS FARMS, INC.

## Current Principal Place of Business:

922 SW JIM WITT RD.  
LAKE CITY, FL 32025 US

## New Principal Place of Business:

## Current Mailing Address:

922 SW JIM WITT RD.  
LAKE CITY, FL 32025 US

## New Mailing Address:

FEI Number: 59-2040852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DICKS, MYRTLE L  
Address: 922 SW JIM WITT RD  
City-St-Zip: LAKE CITY, FL 32025

Title: VD ( ) Delete  
Name: DICKS, RALPH W  
Address: 5699 NW 111TH TRAIL  
City-St-Zip: LAKE BUTLER, FL 32054

Title: ASD ( ) Delete  
Name: GRAVEL, LISA L  
Address: 1502 SW DAIRY STREET  
City-St-Zip: LAKE CITY, FL 32024

Title: VD ( ) Delete  
Name: DICKS, JEFFERY S  
Address: 922 SW JIM WITT RD.  
City-St-Zip: LAKE CITY, FL 32025

Title: SD ( ) Delete  
Name: LONES, JANET L  
Address: 922 SW JIM WITT RD  
City-St-Zip: LAKE CITY, FL 32055

Title: TD ( ) Delete  
Name: GREEN, DARLENE R  
Address: 5366 W. CR 240  
City-St-Zip: LAKE BUTLER, FL 32054

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRTLE L. DICKS

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date