

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 650715

FILED  
Apr 25, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JEFFERY S. DICKS

VD

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date