

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90023 047 \*\*\*150.00

**DOCUMENT # 690005**

1. Entity Name  
**DUBOIS FARMS, INC.**



Principal Place of Business

**5450 FLAVOR PICT ROAD  
POST OFFICE BOX 189  
BOYNTON BCH, FL 33425 US**

Mailing Address

**5450 FLAVOR PICT ROAD  
P O DRAWER 189  
BOYNTON BCH, FL 33425 US**

**40099724**



2. Principal Place of Business - No P.O. Box #  
**5450 Flavor Pict Road**

3. Mailing Address  
**5450 Flavor Pict Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**P.O. Box 740180**

04142008 Chg-P CR2E034 (12/06)

City & State  
**Boynton Beach, FL**

City & State  
**Boynton Beach, FL**

4. FEI Number  
**59-2106018**

Applied For  
Not Applicable

Zip  
**33436**

Country  
**US**

Zip  
**33474-0180**

Country  
**US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KALEEL, KENNETH M P.A.  
555 NO CONGRESS AVE STE 301  
BOYNTON BEACH, FL 33436**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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  
**PVSD  
DUBOIS, ROBERT M.  
10679 SPICEWOOD TRAIL  
BOYNTON BEACH, FL 33436** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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CITY - ST - ZIP ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 address, with all other like empowered.

SIGNATURE:

*Robert M. Dubois*  
**Robert M. Dubois**

Date

**4-21-08**

Daytime Phone #

**561-498-3000**