

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90118 015 ****70.00

DOCUMENT # 739727

1. Entity Name

PLANTATION FARMS ASSOCIATION, INC.



Principal Place of Business

P O BOX 972 N/A
KEYSTONE HEIGHTS FL 32656

Mailing Address

P O BOX 972 N/A
KEYSTONE HEIGHTS FL 32656



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2670980

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

MILLER, PHILIP T
5781 LISA LYNN ROAD
KEYSTONE HEIGHTS FL 32656

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

Philip T. Miller

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-16-06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	DEMPSEY, EDWARD	
STREET ADDRESS	4335 LORI LOOP	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIDS, WAYNE	
STREET ADDRESS	LISA LYNN ROAD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, PHILLIP	
STREET ADDRESS	5781 LISA LYNN	
CITY-ST-ZIP	KEYSTONE FL 32556	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, VICTORIA	
STREET ADDRESS	5777 LISA LYNN ROAD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRUNNER, SHIRLEY	
STREET ADDRESS	4370 MARK ALLEN ROAD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOREMAN, BILL	
STREET ADDRESS	4437 BONDARENKS ROAD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judith Shepherd	
STREET ADDRESS	5965 Trawick Rd	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Thomas	
STREET ADDRESS	5913 Trawick Rd	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip E. Miller	
STREET ADDRESS	5781 LISA LYNN ROAD	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:

Philip T. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip T. Miller

3-16-06

Date

352-2589323

Daytime Phone #