


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90073 004 ***150.00

DOCUMENT # G30477	
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1. Entity Name
KENNEDY FARMS, INC.

Principal Place of Business
**1797 BACOM POINT RD.
PAHOKEE, FL 33476**

Mailing Address
**1797 BACOM POINT RD.
PAHOKEE, FL 33476**



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2492494	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KENNEDY, WILLIAM R.
1797 BACOM POINT RD.
PAHOKEE, FL 33476**

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, 2006: 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	PD KENNEDY, WILLIAM R 1797 BACOM POINT RD. PAHOKEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KENNEDY, DIANE 1797 BACOM POINT RD. PAHOKEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KENNEDY, WILLIAM C 13227 153RD RD N JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, WILLIAM K 2543 BAECON POINT NORTHPORT, AL 35476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 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:

Diane H Kennedy

DIANE H KENNEDY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.17.06

Date

561.924.7946

Daytime Phone #