2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # G30477 03-23-2007 90013 046 ***150.00 1. Entity Name KENNEDY FARMS, INC. Principal Place of Business Mailing Address **イロロオロエやり** 1797 BACOM POINT RD. 1797 BACOM POINT RD. PAHOKEE, FL 33476 PAHOKEE, FL 33476 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2492494 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENNEDY, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 1797 BACOM POINT RD. PAHOKEE, FL 33476 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 little it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be \Box After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition KENNEDY, WILLIAM R NAME NAME STREET ADDRESS 1797 BACOM POINT RD. STREET ADDRESS CITY-ST-ZIP PAHOKEE, FL CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition KENNEDY, DIANE NAME 1797 BACOM POINT RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PAHOKEE, FL CITY-ST-ZIP DVP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KENNEDY, WILLIAM C NAME NAME 13227 153RD RD N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33478 CITY-ST-ZIP TITLE Delete TITLE Change Addition KENNEDY, WILLIAM K NAME NAME 2543 BAECON POINT NORTHPORT, AL 35476 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attachnien with an address with all other like empowered.

FILED Mar 23, 2007 8:00 am