


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # G30477	
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
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03302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2492494	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KENNEDY, WILLIAM R 1797 BACOM POINT RD. PAHOKEE, FL 33476

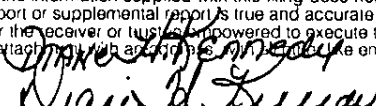
7. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when re-issuing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000914582 05/08/08-80062-022 150.00
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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 BACON PT. ROACE NORTHPORT, AL 35476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. 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 attached page with an original signature of the person so empowered.
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SIGNATURE: 	4.16.08	561.924.7946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		