


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # H31548
 1. Entity Name
KATHERYN PENNINGTON FARMS, INC.



Principal Place of Business Mailing Address
14 CONWAY CT **14 CONWAY CT**
PALM COAST, FL 32137 **PALM COAST, FL 32137**

DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2465532 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SANSBURY, BETTY JO N
14 CONWAY CT.
PALM COAST, FL 32137

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DUBOIS, PATRICIA N
STREET ADDRESS	16249 45TH ROAD
CITY-ST-ZIP	WELLBORN, FL 32094
TITLE	VPD
NAME	BOUCHELLE, KAY N.
STREET ADDRESS	1906 N.W. 21ST ST.
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	STD
NAME	SANSBURY, BETTY JO N
STREET ADDRESS	14 CONWAY COURT
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	D
NAME	CUMMINGS, KATHERYN E
STREET ADDRESS	1249 BELVEDERE AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/21/05-80029-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Betty Jo N. Sansbury - Betty Jo N. Sansbury (STD) 1/14/05 (386)447-7872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #