


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90006 029 \*\*\*150.00

<b>DOCUMENT # H31548</b>					
1. Entity Name KATHERYN PENNINGTON FARMS, INC.					
Principal Place of Business 14 CONWAY CT PALM COAST, FL 32137			Mailing Address 14 CONWAY CT PALM COAST, FL 32137		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2465532	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SANSBURY, BETTY JO N 14 CONWAY CT. PALM COAST, FL 32137			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUBOIS, PATRICIA N		NAME		
STREET ADDRESS	16249 45TH ROAD		STREET ADDRESS		
CITY - ST - ZIP	WELLBORN, FL 32094		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOUCHELLE, KAY N.		NAME		
STREET ADDRESS	1906 N.W. 21ST ST.		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE, FL 32605		CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANSBURY, BETTY JO N		NAME		
STREET ADDRESS	14 CONWAY COURT		STREET ADDRESS		
CITY - ST - ZIP	PALM COAST, FL 32137		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUMMINGS, KATHERYN E		NAME	2356 Links Drive	
STREET ADDRESS	1249 BELVEDERE AVE		STREET ADDRESS	Orange Park, FL 32003	
CITY - ST - ZIP	JACKSONVILLE, FL 32205		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <i>Betty Jo N. Sansbury</i>			Date: 2/1/06 386.447.7872		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		