

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41137

Entity Name: B & D FARMS, INC.

FILED  
Apr 30, 2005  
Secretary of State

**Current Principal Place of Business:**

16880 SW 277 STREET  
HOMESTEAD, FL 33031 US

**New Principal Place of Business:**

**Current Mailing Address:**

16880 SW 277TH STREET  
48 N.E. 15TH STREET  
HOMESTEAD, FL 33031 US

**New Mailing Address:**

FEI Number: 59-2495047      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PASTRAN, RAUL  
333 NE 8TH STREET  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: HELMS, BOBBY DEAN,  
Address: 16880 SW 277 ST  
City-St-Zip: HOMESTEAD, FL 33031

Title: D ( ) Delete  
Name: HELMS, DANNY LEE,  
Address: 27501 SW 166TH AVE  
City-St-Zip: HOMESTEAD, FL 33031

Title: D ( ) Delete  
Name: HELMS, BENNY LESTER,  
Address: 18544 SW 293 TERR  
City-St-Zip: HOMESTEAD, FL 33030

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY DEAN HELMS

VP

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date