

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT.# L14310 1. Entity Name THE BOY'S FARMERS MARKET, INC.	
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Principal Place of Business 14378 MILITARY TRAIL DELRAY BEACH, FL 33484-2626	Mailing Address 14378 MILITARY TRAIL DELRAY BEACH, FL 33484-2626
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DO NOT WRITE IN THIS SPACE



02222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0159043	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHILLINGER, LEE H 4601 SHERIDAN STREET, SUITE 202 HOLLYWOOD, FL 33021	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

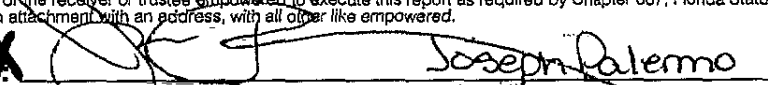
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PALERMO, LINDA 14378 MILITARY TRAIL DELRAY BEACH, FL 334842626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PALERMO, JOSEPH II 14378 MILITARY TRAIL DELRAY BEACH, FL 334842626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO PALERMO, JOSEPH III 14378 MILITARY TRAIL DELRAY BEACH, FL 334842626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PALERMO, ANDREA 14378 MILITARY TRAIL DELRAY BEACH, FL 334842626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALERMO, MICHAEL 14378 MILITARY TRAIL DELRAY BEACH, FL 334842626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PALERMO, FRANK 14378 MILITARY TRAIL DELRAY BEACH, FL 334842626

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03/02/05-80008-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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  **Joseph Palermo** 2-26-05 561 496 0810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #