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.

Principal Place of Business	Mailing Address
14378 MILITARY TRAIL DELRAY BEACH, FL 33484-2626	14378 MILITARY TRAIL DELRAY BEACH, FL 33484-2626

02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	PALERMO, LINDA
STREET ADDRESS	14378 MILITARY TRAIL
CITY-ST-ZIP	DELRAY BEACH, FL 334842626
TITLE	CEO
NAME	PALERMO, JOSEPH II
STREET ADDRESS	14378 MILITARY TRAIL
CITY-ST-ZIP	DELRAY BEACH, FL 334842626
TITLE	VPO
NAME	PALERMO, JOSEPH III
STREET ADDRESS	14378 MILITARY TRAIL
CITY-ST-ZIP	DELRAY BEACH, FL 334842626
TITLE	T
NAME	PALERMO, ANDREA
STREET ADDRESS	14378 MILITARY TRAIL
CITY-ST-ZIP	DELRAY BEACH, FL 334842626
TITLE	S
NAME	PALERMO, MICHAEL
STREET ADDRESS	14378 MILITARY TRAIL
CITY-ST-ZIP	DELRAY BEACH, FL 334842626
TITLE	VPD
NAME	PALERMO, FRANK
STREET ADDRESS	14378 MILITARY TRAIL
CITY-ST-ZIP	DELRAY BEACH, FL 334842626

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03/02/05-80008-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: X Joseph Palermo 2-26-05 561 496 0810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #