2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 23, 2007 8:00 am
Secretary of State
04-03-2007 90007 023 ***150.00

DOCUMENT # M00658

1. Entity Name
KERN CARPENTER FARMS, INC.

Principal Place of Business	Mailing Address
18285 SW 264 ST HOMESTEAD, FL 33031 US	18285 SW 264 ST HOMESTEAD, FL 33031 US

DO NOT WRITE IN THIS SPACE

03302007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2410251
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOSNER, ESQ STEVEN D
65 N W 16TH STREET
HOMESTEAD, FL 33030

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	CARPENTER, KERN
STREET ADDRESS	18285 SW 264 ST
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	TD
NAME	CARPENTER, KERN
STREET ADDRESS	18285 SW 264 ST
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kern Carpenter Kern Carpenter PS 4/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #