


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90030 038 ***150.00

DOCUMENT # P03000136319 1. Entity Name BDM FARMS, INC.					
Principal Place of Business 1017 WEDGWORTH RD BELLE GLADE, FL 33430 US			Mailing Address PO BOX 2048 BELLE GLADE, FL 33430 US		
2. Principal Place of Business - No P.O. Box # 200 NW AVENUE L		3. Mailing Address Suite, Apt. #, etc.			
City & State BELLE GLADE FL		City & State		4. FEI Number 20-0423560	
Zip 33430		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARKHAM, BASIL D 1017 WEDGWORTH RD BELLE GLADE, FL 33430			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200 NW AVENUE L City BELLE GLADE FL Zip Code 33430		
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 <u><i>Basil D. Markham</i></u> BASIL D. MARKHAM <u>2-21-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	D MARKHAM, BASIL D 1017 WEDGWORTH RD BELLE GLADE, FL 33430 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	200 NW AVENUE L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Basil D. Markham</i></u> BASIL D. MARKHAM <u>2-21-07</u> 561-996-2800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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