

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90022 042 ***150.00

DOCUMENT # P04000003780

1. Entity Name
KINGFIELD FARMS SOUTH, INC.



Principal Place of Business
**334 NW 3RD AVE
OCALA, FL 34475**

Mailing Address
**334 NW 3RD AVE
OCALA, FL 34475**

50031710



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
20-0567703

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ACKERMAN, CATHERINE F
500 NE 8TH AVE
OCALA, FL 34470**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PHILLIPS, CATHERINE D
5001 SW 20TH ST APT 0507
OCALA, FL 34474**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5730 SW 42 Place
Ocala FL 34474**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PHILLIPS, TODD
5001 SW 20TH ST APT 0507
OCALA, FL 34474**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5730 SW 42 Place
Ocala FL 34474**

☒ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

LM Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 March 2008
Date

Daytime Phone #