2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 08:00 AN Secretary of State

	ANNUAL	REPURI		_			
DOCU	MENT # P040000037				Secretary of	Sta	
1. Entity Nar							
KINGI	ED FARMS SOUTH, INC.						
Principal Pla	ce of Business	Mailing Address		1			
334 NW 3RI		334 NW 3RD AVE					
OCALA, FL	34475	OCALA, FL 34475			^	····· ===== MIN FEI MIN FEI MIN M	
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DO NOT WRITE IN THIS SPACE			'CE	4. FEI Number 20-056		Applied Fo	
						\$8.75 Additional	Sabio
	6. Name and Address of Current Re	Anlabarad Anant	1	5. Certinicate	of Status Desired	Fee Required	\$t
		Misteren Whenr	:				
ACKERMA 500 NE 81	AN, CATHERINE F TH AVE			DO	NOT W	RITE	• .
OCALA, F				IN	THIS SP	MOF	
			. .	114		AOL	•
8. The above	e named entity submits this statement for t	he nurcose of changing its register	red office or register	red agent, or bo	th in the State of Flo	orida. I am familiar with, and aci	cent
the obliga	tions of registered agent.	ing has base as assessment to see see as	Tod onico o. regions.	100 ago:; 5. 22	III, III DIO GIZIO OI	AIGG: Cast Million From Serve Serve	oop.
SIGNATURE	Signature, typed or printed name of registered agent and	t bite il applicable (NOTE: Register	red Agent signature required	Suchan reseatations)		DATE	-
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution			.00 May Be led to Fees	04/02/08	3-80019-013 150.0	0	
10.	OFFICERS AND DI	RECTORS	_			The second second	
THILE NAME	PHILLIPS, CATHERINE D		1				
STREET AODRESS CITY-ST-ZIP	5730 SW 42 PLACE			·.			
TULE	OCALA, FL 34474		-1		, ,	w 2,4	
NAME	DUNLING TORR		■ `	,		and the second of the second	
	PHILLIPS, TODD		, ·				
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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 advance, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCL 13 2008

Daytme Phone #