

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000102167

Entity Name: INTEGRITY FARMS, INC.

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

200 NW AVENUE L  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1370  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 20-1419535

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMPSON JR., JOSEPH E  
116 TANBARK TRAIL  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: THOMPSON, JR., JOSEPH E  
Address: PO BOX 1370  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D  
Name: THOMPSON, SHANNON K  
Address: PO BOX 679  
City-St-Zip: CAMILLA, GA 31730

Title: D  
Name: THOMPSON, KAY H  
Address: PO BOX 1370  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D  
Name: THOMPSON, KARA S  
Address: PO BOX 679  
City-St-Zip: CAMILLA, GA 31730

Title: D  
Name: THOMPSON, AARON J  
Address: PO BOX 679  
City-St-Zip: CAMILLA, GA 31730

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH E. THOMPSON, JR.

D

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date