

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2008 8:00 am
Secretary of State

06-06-2008 90014 009 ***150.00

DOCUMENT # P04000156128 1. Entity Name J & M FARM AND FEED, INC.																					
Principal Place of Business 1410 SOUTH JEFFERSON ST PERRY FL 32348			Mailing Address 22133 146TH PLACE LIVE OAK FL 32060																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																			
City & State Zip		City & State Zip		4. FEI Number 20-1903407 Applied For ☐ Not Applicable																	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent ALVAREZ, MARK A 22133 146 TH PL LIVE OAK FL 32060				7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when "reinstating")																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 60%;">D ALVAREZ, MARK A ☐ Delete</td> </tr> <tr> <td>NAME</td> <td>22133 146TH PLACE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>LIVE OAK FL 32060</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	D ALVAREZ, MARK A ☐ Delete	NAME	22133 146TH PLACE	STREET ADDRESS	LIVE OAK FL 32060	CITY - ST - ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 60%;">Change ☐ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Change ☐ Addition ☐	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 Section 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: Apr 1 20 2008 850 638 2501 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo Phone #																					