

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90001 004 ***150.00

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1. Entity Name
A.S.K. FARM INC.



Principal Place of Business
**3055 NE 106TH ST
ANTHONY, FL 32617**

Mailing Address
**2224 CHESTNUT AVE
RONKONKOMA, NY 11779**

40033021



07122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1982945

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PERRY, KEVIN S
3055 NE 106TH ST
ANTHONY, FL 32617**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERRY, KEVIN S PO BOX 145 ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERRY, STEPHEN J 27 UNION AVE RONKONKOMA, NY 11779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES PERRY, MICHAEL A 2224 CHESTNUT AVE RONKONKOMA, NY 11779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PERRY, NANCY H PO BOX 46 RONKONKOMA, NY 11779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERRY, ANTHONY J JR PO BOX 46 RONKONKOMA, NY 11779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-12-06