
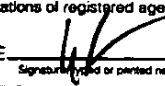
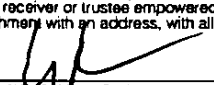


FILED
Apr 03, 2007 8:00 am
Secretary of State

03-21-2007 90045 050 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000166195		
1. Entity Name KIMBERLY BISHOP FARMS, INC.		
Principal Place of Business 6251 STONEFIELD DR MARIANNA, FL 32448		Mailing Address 6251 STONEFIELD DR MARIANNA, FL 32448
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FUQUA, H. MATTHEW 4450 LAFAYETTE ST MARIANNA, FL 32447		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 <u></u> <u>3-13-07</u> <small>Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, KIMBERLY 6251 STONEFIELD DR MARIANNA, FL 32448	
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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 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: <u></u> <u>3-25-07</u> <u>850-573-0675</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		