

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/11

**FILED**  
**Jun 12, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90019 038 \*\*\*150.00

<b>DOCUMENT # P06000054520</b> 1. Entity Name <b>SOUTHEAST FARMS OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business <b>2659 BROCKSMITH ROAD FT. PIERCE, FL 34945 US</b>			Mailing Address <b>2659 BROCKSMITH ROAD FT. PIERCE, FL 34945 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>75-3243068</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RIDOLFO, PHILLIP T JR. ONE NO. CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent Name <b>PHILLIP T. RIDOLFO, JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1300 N. FLORIDA MANAO RD.</b> <b>Suite 15</b> City <b>WEST PALM BEACH</b> <b>FL</b> Zip Code <b>33409</b>	
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 <b>Donald C. Duncan, President</b> DATE <b>5/3/07</b> <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<b>PLEASE SEE ATTACHMENT FILE NOW!!! FEB IS \$550.00 Due by September 14, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPST DUNCAN, DONALD C 2659 BROCKSMITH ROAD FT. PIERCE, FL 34945</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:			Date <b>6/5/07</b> Daytime Phone # <b>772-370-7437</b>		

*Donald C. Duncan, President*