

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000150345

Entity Name: B C D FARMS, INC.

FILED
Jan 06, 2008
Secretary of State

Current Principal Place of Business:

14796 NORTH STREET
LOXAHATCHEE, FL 33470

New Principal Place of Business:

14796 NORTH ROAD
LOXAHATCHEE, FL 33470

Current Mailing Address:

14796 NORTH STREET
LOXAHATCHEE, FL 33470

New Mailing Address:

14796 NORTH ROAD
LOXAHATCHEE, FL 33470

FEI Number: 20-5992202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKAGGS, BRENDA J.
14796 NORTH STREET
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

SKAGGS, BRENDA J.
14796 NORTH ROAD
LOXAHATCHEE, FL 33470 US

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: BRENDA J. SKAGGS

01/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SKAGGS, BRENDA J.
Address: 14796 NORTH STREET
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: SKAGGS, H. DALE
Address: 4107 W. THOMPSON RD.
City-St-Zip: INDIANAPOLIS, IN 46221

Title: D () Delete
Name: SKAGGS, CARI L.
Address: 4107 W. THOMPSON RD.
City-St-Zip: INDIANAPOLIS, IN 46221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SKAGGS, BRENDA J.
Address: 14796 NORTH ROADP
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRENDA J. SKAGGS

PRES

01/06/2008

Electronic Signature of Signing Officer or Director

Date