

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000103882

Entity Name: K L K FARMS, INC

FILED  
Feb 14, 2012  
Secretary of State

**Current Principal Place of Business:**

983 MAGRUDER PL.  
BONIFAY, FL 32425

**New Principal Place of Business:**

**Current Mailing Address:**

983 MAGRUDER PL.  
BONIFAY, FL 32425

**New Mailing Address:**

FEI Number: 45-3985618

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KIRKLAND, DOYLE F  
983 MAGRUDER PL.  
BONIFAY, FL 32425 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KIRKLAND, DOYLE F  
Address: 983 MAGRUDER PL.  
City-St-Zip: BONIFAY, FL 32425

Title: VP  
Name: KIRKLAND, LINDA R  
Address: 983 MAGRUDER PL.  
City-St-Zip: BONIFAY, FL 32425

Title: VP  
Name: LONG, JOHN E  
Address: 3291 JOHN CLARK RD  
City-St-Zip: BONIFAY, FL 32425

Title: S  
Name: LONG, MICHALA S  
Address: 3291 JOHN CLARK RD  
City-St-Zip: BONIFAY, FL 32425

Title: VP  
Name: KIRKLAND, STEPHEN S  
Address: 3316 4TH AVE N  
City-St-Zip: BONIFAY, FL 32425

Title: T  
Name: KIRKLAND, LAURA  
Address: 3316 4TH AVE N  
City-St-Zip: BONIFAY, FL 32425

I hereby 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 all other like empowered.

SIGNATURE: DOYLE F KIRKLAND

P

02/14/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date