

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P92000012776

1. Entity Name
B & D FARMS OF IMMOKALEE, INC.



Principal Place of Business
306 E MAIN STREET
IMMOKALEE, FL 34142 US

Mailing Address
P.O. BOX 5308
IMMOKALEE, FL 34143 US

FILED
Apr 28, 2004 08:00 AM
Secretary of State



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0380232

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

O'QUINN, JAMES W
306 E MAIN STREET
IMMOKALEE, FL 34142

**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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'QUINN, JAMES W 306 E MAIN STREET IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST O'QUINN, APRIL M 306 E MAIN STREET IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HIGGINBOTHAM, KRISTA S 306 E MAIN STREET IMMOKALEE, FL 34142
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04/29/04-80022-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James W. O'Quinn 4/21/04 (239) 657-5275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
(239) 657-3325