## 2006 FOR PROFIT CORPORATION . .... ANNUAL REPORT

## Apr 12, 2006 8:00 am Secretary of State **DOCUMENT # P92000012776** 04-12-2006 90084 037 \*\*\*150.00 B & D FARMS OF IMMOKALEE, INC. Principal Place of Business Mailing Address P.O. BOX 5308 306 E MAIN STREET IMMOKALEE, FL 34142 US IMMOKALEE, FL 34143 40047214 3. Mailing Address 2. Principal Place of Business Point Suite, Apt. #, etc. Suite, Apt. #, etc. 02272006 Chg-P CR2E034 (11/05) City & State Applied For 4. FFI Number Timiokalee, FL 65-0380232 Not Applicable 34942 **CPSIA**IY Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'QUINN, JAMES W Street Address (P.O. Box Number is Not Acceptable) 306 E MAIN STREET IMMOKALEE, FL 34142 City Zip Code 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 aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TTTLE Change ■ Addition O'QUINN, JAMES W NAME MALAE James W. O'Quinn STREET ADDRESS 306 E MAIN STREET STREET ADDRESS 7301 Hunters Point Rd. Immokalee, FL 34142 CITY-ST-7IP IMMOKALEE, FL 34142 C!TY-ST-ZIP TITLE ☐ Delete TITLE Change O'QUINN, APRIL M NAME April M. O'Quinn STREET ADDRESS 306 E MAIN STREET STREET ADDRESS 7301 Hunters Point Rd. Immokalee, FL 34142 CITY-ST-ZIP IMMOKALEE, FL 34142 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition HIGGINBOTHAM, KRISTA S NAME NAME Krista S. Higginbotham STREET ADDRESS 306 E MAIN STREET STREET ADDRESS 7301 Hunters Point Rd. Immokalee, FL 34142 CITY-ST-ZIP IMMOKALEE, FL 34142 CITY\_ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 preferrer of trustee empowers 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 gither like empowered. 03/06/06 SIGNATURE:

**FILED**