


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State


DOCUMENT # P92000012776
 1. Entity Name
 B & D FARMS OF IMMOKALEE, INC.



Principal Place of Business
 7301 HUNTERS POINT
 IMMOKALEE, FL 34142 US

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

DO NOT WRITE IN THIS SPACE



04032008 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

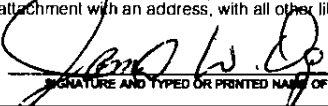
1103000385290
 04/12/08-80008-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'QUINN, JAMES W 7301 HUNTERS POINT IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST O'QUINN, APRIL M 7301 HUNTERS POINT IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HIGGINBOTHAM, KRISTA S 7301 HUNTERS POINT IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **JAMES W. O'QUINN** 4/3/2008 239-657-3325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #