

# 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-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

1100000385290  
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	

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES W. O'QUINN 4/3/2008**

Date

Daytime Phone #

**239-657-3325**