

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P94000007603

1. Entity Name
JEM FARMS, INC.



Principal Place of Business
**7115 GRAPEVIEW BLVD.
LOXAHATCHEE, FL 33470**

Mailing Address
**PO BOX 250
LOXAHATCHEE, FL 33470**



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0459456	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCKINSTRY, JOHN E
7115 GRAPEVIEW BLVD.
LOXAHATCHEE, FL 33470**

**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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

**TITLE D
NAME MCKINSTRY, JOHN E
STREET ADDRESS 7115 GRAPEVIEW BLVD.
CITY-ST-ZIP LOXAHATCHEE, FL 33470**

**TITLE D
NAME MCKINSTRY, CYNTHIA J
STREET ADDRESS 7115 GRAPEVIEW BLVD.
CITY-ST-ZIP LOXAHATCHEE, FL 33470**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**U00000556512
05/17/06-80013-011 150.00**

**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:

John E. McKinstry 1-26-06 521-261892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #