

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90037 022 \*\*\*150.00

<b>DOCUMENT # P95000097131</b> 1. Entity Name <b>TRIPLE M FL-GA FARMS, INC.</b>			
Principal Place of Business <b>13697 STATE RD. 7 DELRAY BEACH, FL 33446</b>		Mailing Address <b>PO BOX 2984 DELRAY BEACH, FL 33447-2984</b>	
2. Principal Place of Business - No P.O. Box # <b>227 Dixie Blvd</b>		3. Mailing Address <b>P.O. Box 580</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Delray Beach, FL</b>		City & State <b>Boynton Beach, FL</b>	
Zip <b>33444</b>		Zip <b>33425-0580</b>	
Country <b>PR</b>		Country <b>PR</b>	
4. FEI Number <b>65-0628300</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DR. SUITE 500 EAST WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MARSHALL, BARBARA</b> <b>1423 N SWINTON AVENUE</b> <b>DELRAY BEACH, FL 33444</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <b>MCKAY, MARLENE M</b> <b>904 N SWINTON AVENUE</b> <b>DELRAY BEACH, FL 33444</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>MCMURRAIN, THOMAS T</b> <b>1100 LINTON BLVD</b> <b>DELRAY BEACH, FL 33444</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>MCMURRAIN, JR., GEORGE H</b> <b>PO BOX 4930</b> <b>BOYNTON BEACH, FL 33425</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date: <b>3/14/07</b> Daytime Phone #: <b>1-504-399-4126</b>	