

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000097131

FILED  
Feb 13, 2012  
Secretary of State

**Entity Name:** TRIPLE M FL-GA FARMS, INC.

**Current Principal Place of Business:**

227 DIXIE BLVD  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1030  
BOYNTON BEACH, FL 33425

**New Mailing Address:**

**FEI Number:** 65-0628300

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALDES-FAULI CORPORATE SERVICES, INC.  
777 S. FLAGLER DR.  
SUITE 500 EAST  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARSHALL, BARBARA  
Address: 1423 N SWINTON AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: ST  
Name: MCKAY, MARLENE M  
Address: 904 N SWINTON AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: VP  
Name: MCMURRAIN, THOMAS T  
Address: 11950 N. LAKE DR  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP  
Name: MCMURRAIN, JR., GEORGE H  
Address: 10843 N.W 8TH AVENUE  
City-St-Zip: OKEECHOBEE, FL 34972

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARLENE M. MCKAY

ST

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date