

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000088247

FILED
Apr 13, 2005
Secretary of State

Entity Name: TKM FARMS, INC.

Current Principal Place of Business:

2305 CYPRESS LANE
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 39
BELLE GLADE, FL 33430 US

New Mailing Address:

FEI Number: 65-0699132 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASORE, MICHAEL S
15945 MEADOW WOOD DRIVE
WELLINGTON, FL 33414 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BASORE, TOBIN
Address: 1140 BLOCK ISLAND ROAD
City-St-Zip: WELLINGTON, FL 33414

Title: VD () Delete
Name: BASORE, MICHAEL S
Address: 15945 MEADOW WOOD DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: S () Delete
Name: BASORE, KEVIN L
Address: 11712 SOUTH BREEZE PLACE
City-St-Zip: WELLINGTON, FL 33467

Title: T () Delete
Name: BASORE, BRIAN D
Address: 11825 GREEN BRIAR CIRCLE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BASORE, TOBIN J
Address: 1140 BLOCK ISLAND ROAD
City-St-Zip: WELLINGTON, FL 33414

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL S. BASORE

VP

04/13/2005

Electronic Signature of Signing Officer or Director

_____ Date