

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90064 013 ***150.00

DOCUMENT # P96000098739 1. Entity Name PIONEER FARM SERVICES, INC.					
Principal Place of Business 209 SOUTH MAIN STREET BELLE GLADE, FL 33430			Mailing Address P.O. BOX 2048 BELLE GLADE, FL 33430 US		
2. Principal Place of Business 200 NW AVENUE L		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BELLE GLADE, FL		City & State		4. FEI Number 65-0711794	
Zip 33430		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATE, CRAIG D 209 SOUTH MAIN STREET BELLE GLADE, FL 33430			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200 NW AVENUE L City BELLE GLADE FL Zip Code 33430		
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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATE, CRAIG D 841 SE 3RD STREET BELLE GLADE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATE, STEPHEN L 924 WHITAKER ROAD BELLE GLADE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATE, STEPHEN L 924 WHITAKER ROAD BELLE GLADE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATE, STEPHEN L 924 WHITAKER ROAD BELLE GLADE, FL	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATE, STEPHEN L 924 WHITAKER ROAD BELLE GLADE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATE, STEPHEN L 924 WHITAKER ROAD BELLE GLADE, FL	☐ Delete			
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: <i>Stephen L Pate</i> Stephen L. PATE 2-15-06 561-996-2800 (Date) Daytime Phone #		

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