

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-14-2007 90028 040 ***150.00

40035435



DOCUMENT # P96000102227 1. Entity Name S. MCDONALD FARMS, INC.					
Principal Place of Business 705 NORTH BAY DRIVE PLANT CITY, FL 33566			Mailing Address PO BOX 756 PLANT CITY, FL 33564-0756		
2. Principal Place of Business - No P.O. Box # Same as Mailing		3. Mailing Address 2510 W. Sam Allen Road		Suite, Apt. #, etc. 	
City & State 		City & State Plant City, FL		4. FEI Number 59-3422617	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33565		Country 		02142007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MCDONALD, STEVEN C 2510 W SAM ALLEN RD PLANT CITY, FL 33565				7. Name and Address of New Registered Agent Name 	
				Street Address (P.O. Box Number is Not Acceptable) 	
				City FL Zip Code	
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MCDONALD, STEVEN C PO BOX 756 PLANT CITY, FL 33564-0756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D McDonald, Steven C. 2510 W. Sam Allen Road Plant City, FL 33565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCDONALD, STEVEN A PO BOX 756 PLANT CITY, FL 33564-0756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. McDonald, Steven A 2510 W. Sam Allen Road Plant City, FL 33565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCDONALD, SHRIRLEY N PO BOX 756 PLANT CITY, FL 33564-0756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. McDonald, Shirley N 2510 W. Sam Allen Road Plant City, FL 33565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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: <i>Shirley N McDonald</i> <i>Shirley N McDonald Sec/Treas 2-23-07</i> <i>813-752-5144</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					