


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000051673 1. Entity Name R & J FARMS, INCORPORATED					
Principal Place of Business 8056 96TH COURT S. BOYNTON BEACH FL 33437			Mailing Address 4800 N. FEDERAL HWY SUITE 307-B BOCA RATON FL 33431		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 15-2346745	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAP SERVICE CORPORATION 4800 N. FEDERAL HIGHWAY, SUITE 307-B BOCA RATON FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida I am familiar with, and accept the obligations of registered agent.				Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____ <small>(NOTE: Registered Agent Signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	PD TURNER, RONALD 6056 BOYNTON BEACH BOULEVARD BOYNTON BEACH FL 33437			TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Delete]			[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Delete]			[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Delete]			[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Delete]			[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Delete]			[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Delete]			[Change] [Addition]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, and all other like empowered.					
SIGNATURE: _____ RONALD TURNER PRES 4/5/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E034 (10/04)

FL Zip Code

U00000343472 [Change] [Addition]
04/29/05-80095-014 150.00