

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90074 002 ***150.00

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1. Entity Name

CHARLES KENT FARMS, INC.



Principal Place of Business

1391 MOCKINGBIRD RD
MARIANNA FL 32448

Mailing Address

1391 MOCKINGBIRD RD
MARIANNA FL 32448

2. Principal Place of Business

4679 Clayton Dr.

3. Mailing Address

4679 Clayton Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARIANNA, FL

City & State

MARIANNA, FL

Zip

32446

Country

Jackson

Zip

32446

Country

Jackson

4. FEI Number

59-3620833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENT, CHARLES E JR
1391 MOCKINGBIRD RD
MARIANNA FL 32448

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KENT, CHARLES E SR
STREET ADDRESS 1391 MOCKINGBIRD RD
CITY-ST-ZIP MARIANNA FL 32448

TITLE VD ☒ Delete
NAME KENT, CHARLES E JR
STREET ADDRESS 2783 LINWOOD CIRCLE
CITY-ST-ZIP BONIFAY FL 32425

TITLE SD TD ☐ Delete
NAME KENT, JULIE M
STREET ADDRESS 2407 COUNTRY CLUB DR
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE TD ☒ Delete
NAME KENT, BECKY
STREET ADDRESS 2783 LINWOOD CIRCLE
CITY-ST-ZIP BONIFAY FL 32425

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD VD ☒ Change ☐ Addition
NAME CHARLES E. KENT, Sr.
STREET ADDRESS 4679 Clayton Dr.
CITY-ST-ZIP MARIANNA, FL 32446

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD TD ☒ Change ☐ Addition
NAME Julie M. Kent
STREET ADDRESS 4679 Clayton Dr.
CITY-ST-ZIP MARIANNA, FL 32446

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Charles E. Kent Sr. Charles E. Kent, Sr. 1-22-06 (850) 482-2027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #