


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000095124 1. Entity Name CHARLES KENT FARMS, INC.	
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Principal Place of Business 4679 CLAYTON DR MARIANNA, FL 32446	Mailing Address 4679 CLAYTON DR MARIANNA, FL 32446
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DO NOT WRITE IN THIS SPACE



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3620833	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KENT, CHARLES E JR 1391 MOCKINGBIRD RD MARIANNA, FL 32448
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DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**U00000939684
05/28/08-80037-013 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVD KENT, CHARLES E SR 4679 CLAYTON DR MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD KENT, JULIE M 4679 CLAYTON DR MARIANNA, FL 32446
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

Charles E. Kent Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 (850) 526-5059
Date Daytime Phone #