


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90073 003 ***150.00

DOCUMENT # S34748 1. Entity Name WILLIAM KENNEDY FARMS, INC.	
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Principal Place of Business 1797 BACOM POINT ROAD PAHOKEE, FL 33476	Mailing Address 1797 BACOM POINT ROAD PAHOKEE, FL 33476
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DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0258668	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 KENNEDY, WILLIAM R. 1797 BACOM POINT ROAD PAHOKEE, FL 33476	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD KENNEDY, WILLIAM R. 1797 BACOM POINT ROAD PAHOKEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KENNEDY, KIRK 2543 BACOMPOINT RD PAHOKEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KENNEDY, DIANE H. 1797 BACOM POINT ROAD PAHOKEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE 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 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.
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SIGNATURE:

Diane H. Kennedy
DIANE H. Kennedy

1-18-06 561-924-7946

Date Daytime Phone #