


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # V01490 1. Entity Name P.J. KENNEDY FARMS, INC. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 511 S OLIVE AVE WPB, FL 33401 | Mailing Address 511 S OLIVE AVE WPB, FL 33401 |
|--|--|



07032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0303327 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**DUNSTON, PAMELA T ESQ
 220 SUNRISE AVE., S TE 207
 PALM BCH, FL 33480**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PEERSON, ALLEN 153 BEACH SUMMIT CT JUPITER, FL 33477 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PEERSON, ARYSTINE 218 CASCADE LN PALM BCH SHORES, FL 33404 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD WILSON, LINDA 200 N.E 4TH AVENUE OKEECHOBEE, FL 34972 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000571202
 07/19/06-80007-009 550.00

DO NOT WRITE IN THIS SPACE

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: *Allen Pearson* Allen Pearson 7/17/06 561-832-1921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #