


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # V01490 1. Entity Name P.J. KENNEDY FARMS, INC.	
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Principal Place of Business 511 S OLIVE AVE WPB, FL 33401	Mailing Address 511 S OLIVE AVE WPB, FL 33401
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0303327	Applied For 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 DUNSTON, PAMELA T ESQ 777 SOUTH FLAGLER DRIVE WEST TOWER STE 800 WEST PALM BEACH, FL 33401
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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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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 PEARSON, ALLEN 153 BEACH SUMMIT CT JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/21/08-800005-010, 150.00

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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** **4/7/08** **561-832-1921**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #