

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102167

Entity Name: INTEGRITY FARMS, INC.**Current Principal Place of Business:**200 NW AVENUE L
BELLE GLADE, FL 33430**Current Mailing Address:**PO BOX 1370
LOXAHATCHEE, FL 33470**FEI Number:** 20-1419535**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMPSON JR., JOSEPH E
200 NW AVENUE L
BELLE GLADE, FL 33430 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT, ASSISTANT SEC,
 DIRECTOR

Name THOMPSON, JR., JOSEPH E

Address PO BOX 1370

City-State-Zip: LOXAHATCHEE FL 33470

Title D, SECRETARY

Name THOMPSON, SHANNON K

Address PO BOX 679

City-State-Zip: CAMILLA GA 31730

Title DIRECTOR, VP

Name THOMPSON, KAY H

Address PO BOX 1370

City-State-Zip: LOXAHATCHEE FL 33470

Title DIRECTOR

Name WATERS, KARA T

Address PO BOX 679

City-State-Zip: CAMILLA GA 31730

Title DIRECTOR

Name THOMPSON, AARON J

Address PO BOX 679

City-State-Zip: CAMILLA GA 31730

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHANNON K THOMPSON**SEC.****02/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date