


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 389435 1. Entity Name EDWARDS FARMS, INC.	
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Principal Place of Business 488 NW KENNY EDWARDS DR MAYO, FL 32066	Mailing Address 488 NW KENNY EDWARDS DR MAYO, FL 32066
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1366133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent EDWARDS, ROBERT S 2815 HAMMOCK DR PLANT CITY, FL 33567	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 _____
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, 2005 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	PT EDWARDS, HUGH M 488 NW KENNY EDWARDS DR MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS EDWARDS, HILDA JEAN 488 NW KENNY EDWARDS DR MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EDWARDS, HILDA JEAN 496 NW KENNY EDWARDS DR MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T EDWARDS, HUGH M 488 NW KENNY EDWARDS DR MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/19/05-80031-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Juan Edwards Jean Edwards 1-11-05 386-294-1767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #