


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # 389435
 1. Entity Name
 EDWARDS FARMS, INC.



Principal Place of Business
 488 NW KENNY EDWARDS DR
 MAYO, FL 32066

Mailing Address
 488 NW KENNY EDWARDS DR
 MAYO, FL 32066

DO NOT WRITE IN THIS SPACE



02282008 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-1366133

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EDWARDS, ROBERT S
 2815 HAMMOCK DR
 PLANT CITY, FL 33567

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 Hilda Jean Edwards DATE 3-19-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	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	

U00000867304
 04/08/08-80063-017 150.00

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: Hilda Jean Edwards Sec. Date 3-19-08 Daytime Phone # 386-294-1760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hilda Jean Edwards