


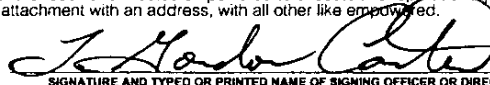
**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90242 042 \*\*\*150.00

**60000533**



<b>DOCUMENT # 467260</b>			
1. Entity Name <b>HUDSPETH FARMS, INC.</b>		Principal Place of Business <b>SR 827 BELLE GLADE, FL 33430 US</b>	
Mailing Address <b>804 LANGDON LN PEACHTREE CITY, GA 30269 US</b>		2. Principal Place of Business - No P.O. Box #	
3. Mailing Address <b>105 Sedgewicke Dr.</b>		Suite, Apt. #, etc.	
City & State <b>Peachtree City, GA</b>		4. FEI Number <b>59-1594776</b>	
Zip <b>30269</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CARTER, JO ELLEN 401 S. W.C. OWEN AVE CLEWISTON, FL 33440</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARTER, THOMAS GORDON <del>804 LANGDON LN</del> PEACHTREE CITY, GA 30269 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARTER, Thomas Gordon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 Sedgewicke Dr. Peachtree City, GA 30269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, JO ELLEN 804 LANGDON LN PEACHTREE CITY, GA 30269 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, Jo Ellen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 Sedgewicke Dr. Peachtree City, GA 30269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		1/3/07 678-364-1815	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Thomas Gordon Carter</b>		Date Daytime Phone #	