


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90189 038 ***150.00

DOCUMENT # F96000003767

1. Entity Name
EDWARDS FINE FOODS, INC.



Principal Place of Business Mailing Address
2855 ROLLING PIN LANE **2855 ROLLING PIN LANE**
SUWANEE, GA 30024 US **SUWANEE, GA 30024 US**

50048563



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. *115 W. College Dr*
 City & State *Marshall, MN*

04252005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
58-1972868 Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

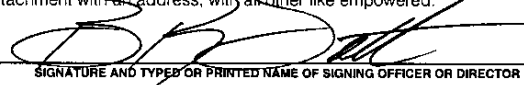
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME OBEEERKFELL, LAWRENCE A STREET ADDRESS 2855 ROLLING PIN LANE CITY-ST-ZIP SUWANEE, GA 30024	<input type="checkbox"/> Delete	TITLE P D NAME <i>Lawrence Oberkfell</i> STREET ADDRESS <i>2855 Rolling Pin Lane</i> CITY-ST-ZIP <i>Suwanee, GA 30024</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CFO NAME LEFFELMAN, THOMAS STREET ADDRESS 115 W. COLLEGE DRIVE CITY-ST-ZIP MARSHALL, MN 56258	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME SATTLER, BRIAN R STREET ADDRESS 115 W. COLLEGE DRIVE CITY-ST-ZIP MARSHALL, MN 56258	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DIPPIN, M. LENNY STREET ADDRESS 115 W. COLLEGE DR. CITY-ST-ZIP MARSHALL, MN 56258	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BURR, TRACY L STREET ADDRESS 115 W. COLLEGE DR. CITY-ST-ZIP MARSHALL, MN 56258	<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 exemption stated in Section 119.07(3)(i), 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:  *4/25/05* **507-532-3274**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #