


FILED
Mar 29, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000097065

1. Entity Name
POPE FARMS, INC.



Principal Place of Business P. O. BOX 697 PAHOKEE, FL 33476	Mailing Address P. O. BOX 697 PAHOKEE, FL 33476
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DO NOT WRITE IN THIS SPACE



03272007 No Chg-P CR2E034 (11/05)

4. H/I Number 01-0743637	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NOWICKI, MARK J ESQ
 480 MAPLEWOOD DRIVE, SUITE 2
 JUPITER, FL 33458**

**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: _____
Signature typed or printed name of registered agent and fee if applicable. (N/A): Registered Agent Signature required when reinstated. DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

000000688293
 04/05/07-80040-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPE, BARBARA P. O. BOX 697 PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPE, WALTER R P. O. BOX 697 PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPE, EDWARD LEWIS III P. O. BOX 697 PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Walter R Pope Walter R Pope 3/27/07 (510) 261-6472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Mailing Phone #