

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 186236

FILED
Apr 16, 2007
Secretary of State

Entity Name: WEDGWORTH FARMS INC

Current Principal Place of Business:

651 N.W. 9TH STREET
P.O. BOX 2076
BELLE GLADE, FL 33430

New Principal Place of Business:

651 N.W. 9TH STREET
BELLE GLADE, FL 33430

Current Mailing Address:

651 N.W. 9TH STREET
P.O. BOX 2076
BELLE GLADE, FL 33430

New Mailing Address:

651 N.W. 9TH STREET
BELLE GLADE, FL 33430

FEI Number: 59-0695314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEDGWORTH, DENNIS G
651 NW 9TH STREET
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: MCCROAN, ERNEST J.(A, SST)
Address: 134 SO. ROYAL PALM DR.
City-St-Zip: BELLE GLADE, FL

Title: VD () Delete
Name: BOYNTON,HELEN J,
Address: 1140 COUNTRY CLUB CIRCLE
City-St-Zip: N. PALM BEACH, FL

Title: COBD () Delete
Name: WEDGWORTH,GEORGE H,
Address: EAST PALM BEACH RD.
City-St-Zip: BELLE GLADE, FL

Title: STD () Delete
Name: OETZMAN, BARBARA A,
Address: 1071 FAIRVIEW LN.
City-St-Zip: RIVIERA BEACH, FL

Title: PD () Delete
Name: WEDGWORTH, DENNIS G
Address: 13643 STAMFORD DR
City-St-Zip: WELLINGTON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS G WEDGWORTH

PD

04/16/2007

Electronic Signature of Signing Officer or Director

Date