

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 153238

Entity Name: EDMONDSON FARMS, INC.

FILED
Feb 15, 2008
Secretary of State

Current Principal Place of Business:

1877 EDMONDSON RD
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

1877 EDMONDSON RD
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 59-0575424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDMONDSON, THOMAS O.
1877 EDMONDSON RD
NOKOMIS, FL 33555 US

Name and Address of New Registered Agent:

EDMONDSON, THOMAS O.
1877 EDMONDSON RD
NOKOMIS, FL 34275 US

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:

02/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TIPPIN, E E,
Address: OAKWOOD DRIVE FREINDLY ACRES
City-St-Zip: BOONE, NC 28607

Title: PD () Delete
Name: EDMONDSON, T O,
Address: 1877 EDMONDSON RD.
City-St-Zip: NOKOMIS, FL

Title: D () Delete
Name: EDMONDSON, J.B.
Address: 3471 N.W. 121 AVE.
City-St-Zip: SUNRISE, FL 33323

Title: STD () Delete
Name: EDMONDSON, MARY W
Address: 759 N. GREEN CIR.
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TIPPIN, E E,
Address: OAKWOOD DRIVE FREINDLY ACRES
City-St-Zip: BOONE, NC 28607 US

Title: PD (X) Change () Addition
Name: EDMONDSON, T O,
Address: 1877 EDMONDSON RD.
City-St-Zip: NOKOMIS, FL 34275 US

Title: D (X) Change () Addition
Name: EDMONDSON, J.B.
Address: 3471 N.W. 121 AVE.
City-St-Zip: SUNRISE, FL 33323 US

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS O. EDMONDSON

PRES

02/15/2008

Electronic Signature of Signing Officer or Director

Date