

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 153238

FILED  
Mar 28, 2011  
Secretary of State

Entity Name: EDMONDSON FARMS, INC.

**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 34275 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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS O EDMONDSON

PRES

03/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date