

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 207770

FILED
May 03, 2007
Secretary of State

Entity Name: V. & W. FARMS, INC. OF DELRAY BEACH

Current Principal Place of Business:

8798 STATE ROAD 64 EAST
WAUCHULA, FL 33873 US

New Principal Place of Business:

8798 STATE ROAD 64 EAST
8798 HIGHWAY 64 EAST
ZOLFO SPRINGS, FL 33890 US

Current Mailing Address:

P O BOX 1057
AVON PARK, FL 338261057 US

New Mailing Address:

FEI Number: 59-0825654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, P. JOSEPH
1519 LAKE LOTELA DR
AVON PARK, FL 33825 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: D () Delete
Name: WILLIAMS, HELEN N.,
Address: 9056 STATE ROAD 64 EAST
City-St-Zip: WAUCHULA, FL 33873

Title: VD () Delete
Name: THOMPSON, ANNA JOYCE
Address: 1090 LAKE LOTELA DRIVE
City-St-Zip: AVON PARK, FL 33825

Title: TSD () Delete
Name: WRIGHT, SUZANNE WILL, IAMS
Address: 1519 LAKE LOTELA DRIVE
City-St-Zip: AVON PARK, FL 33825

Title: PD () Delete
Name: WRIGHT, P. JOSEPH,
Address: 1519 LAKE LOTELA DR
City-St-Zip: AVON PARK, FL 33825

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: WRIGHT, CHARLES A
Address: 1519 LAKE LOTELA DRIVE
City-St-Zip: AVON PARK, FL 33825

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: P. JOSEPH WRIGHT

P

05/03/2007

Electronic Signature of Signing Officer or Director

_____ Date