

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 207770

FILED  
Apr 12, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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

**OFFICERS AND DIRECTORS:**

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

Title: TSD  
Name: WRIGHT, SUZANNE WILLIAMS  
Address: 1519 LAKE LOTELA DRIVE  
City-St-Zip: AVON PARK, FL 33825

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

Title: D  
Name: WRIGHT, CHARLES A  
Address: 1519 LAKE LOTELA DRIVE  
City-St-Zip: AVON PARK, FL 33825

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: P. JOSEPH WRIGHT

PRES

04/12/2012

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

\_\_\_\_\_  
Date