

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90328 016 ***150.00

DOCUMENT # 265908

1. Entity Name
J H W FARMS, INC.



Principal Place of Business
**1049 EAST MAIN ST
PO BOX 579
PAHOKEE, FL 33476**

Mailing Address
**1049 EAST MAIN ST
PO BOX 579
PAHOKEE, FL 33476**

40072111



03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1031565

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILKINSON, MARGARET S.
1049 EAST MAIN ST
PAHOKEE, FL 33476**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILKINSON, MARGARET S.
STREET ADDRESS 1049 E. MAIN ST.
CITY-ST-ZIP PAHOKEE, FL

TITLE AS
NAME UPTHEGROVE, BEVERLY ANN
STREET ADDRESS 707 LAUREL ST
CITY-ST-ZIP CLEWISTON, FL

TITLE S
NAME CONLEY, ADA BUSH
STREET ADDRESS 16502 SW MORGAN ROAD
CITY-ST-ZIP INDIANTOWN, FL 34956

TITLE VD
NAME WILKINSON, JAMES A.
STREET ADDRESS 1049 E. MAIN ST.
CITY-ST-ZIP PAHOKEE, FL

TITLE D
NAME GRIFFITH, KATHLEEN W.
STREET ADDRESS 1049 E. MAIN ST.
CITY-ST-ZIP PAHOKEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ada Bush Conley Ada Bush Conley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06
Date

561-924-5651
Daytime Phone #