2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

NAME DAVIS,EDWARD NAME STREET ADDRESS CITY-ST-ZIP	50 - 50 - 50 - 50 - 50 - 50 - 50 - 50 -	ANNUAL R		_ FILED					
Principal Place of Business (FA NN 118TH DR OKEC-HOBEE FL 34072-8315 2. Principal Place of Business (FA NN 118TH DR OKEC-HOBEE FL 34072-8315 3. Mailing Address (FA NN 118TH DR OKEC-HOBEE FL 34072-8315 3. Mailing Address (FA NN 118TH DR OKEC-HOBEE FL 34072-8315 3. Mailing Address (FA NN 118TH DR OKEC-HOBEE FL 34072-8315 3. Mailing Address (FA NN 118TH DR OKEC-HOBEE FL 34072-8315 3. Mailing Address (FA NN 118TH DR OKEC-HOBEE FL 34072-8315 3. Mailing Address (FA NN 118TH DR OKEC-HOBEE FL 34072 3. Name and Address of User Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named only submits this statement for the purpose of oneighting its registered office or registered agent, or both, in the State of Plorida. Tan familiar with, and accept the deligation of ingestered agent. 8. The above named only submits this statement for the purpose of oneighting its registered office or registered agent, or both, in the State of Plorida. Tan familiar with, and accept the deligation of ingestered agent. 8. The above named only submits this statement for the purpose of oneighting its registered office or registered agent, or both, in the State of Plorida. Tan familiar with, and accept the deligation of ingestered agent. 8. The above named oneity submits this statement for the purpose of oneighting its registered office or registered wave named of the purpose of oneighting its registered office or registered agent, or both, in the State of Plorida. Tan familiar with, and accept the deligation of ingestered agent. 8. The above named oneity submits this statement for the purpose of oneighting its registered office or registered agent, or both, in the State of Plorida. Tan familiar with, and accept the deligation of ingestered agent. 8. The above named oneity submits this statement for the purpose of oneighting its registered office or registered agent, or both, in the State of One of the Company of the Company of the Company of the Company of the Com	I ADV								
### FANN HISHTLD ROCKECHOSEE FL 34972-8315 US 2. Principal Place of Brainess 3. Mailing Address Suite, Act #, etc. Suite,	R & D SO	D FARMS, INC.					<i>y</i> 01 0	tute	
OKECHOBEE FL. 34972-6315 US 2. Principal Place of Business Suits, API #, etc. Suits	Principal Place	e of Business	Mailing Address						
Suite, Act #, etc. Suite,	OKEECHOBEE FL 34972-8315 OKEECHOBEE FL 34			72-8315	 	1 1111 11111 1 11111	TE BIBIT BIBIT BIBIT B		ANDER IT INCH
City & State City & State City & City & State City & State	2. Principal P	lace of Business	3. Mailing Address						
Zip Country Zip Country Sip S-1384334 No. Applications of Status Desired X S.5. To Additional Fice Required Agent For Repaired	Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOC	DRE C	R2E034 (1	<u> </u>	
S. Name and Address of Current Registered Agent DAVIS, EDWARD H 674 N. W. 113TH DRIVE OKEECHOBEE FL 34972 City City FL ZD Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Typeries, fundor overed name of registered agent and shall be accepted to florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Typeries, fundor overed name of registered agent and shall be part and shall	City & State				4. FEI Number 59) -1384334		No	ot Applicable
DAVIS EDWARD H 674 N. W. 113TH DRIVE OKEECHOBEE FL 34972 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 Flortda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flortda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flortda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flortda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flortda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flortda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flortda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flortda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flortda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flortda. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Flortda. I am familiar with, and accept the following its registered office or registered agent, or both, in the State of Flortda. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Flortda. I am familiar with, and accept the following its registered office or registered agent, or both, in the State of Flortda. I am familiar with, and accept the following its registered office or registered agent, or both, in the State of Flortda. I am familiar with, and accept the purpose of flortda. I am familiar with, and accept the purpose of flortda. I am familiar with, and accept the purpose of flortda. I am familiar with and accept the purpose of that my signature state flortda. I am familiar with and purpose the purpose	Zîp	Country	Zìp	Country	5. Certificate of Sta	itus Desired			
DAVIS_EDWARD H 674 N. W. 113TH DRIVE OKEECHOBEE FL 34972 City FL Zip Code		6. Name and Address of Current	Registered Agent	Name	7. Name and Addr	ess of New Rec	ristered Age	nt	
City FL Zac Code 8. The above named only submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. \$IGNATURE: City FL Zac Code City FL Zac Code	DAV	/IS,EDWARD H			ce /P.O. Box Number is N	lot Accentable)	·		
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 SIGNATURE SIGNATURE				Street Address	SS (F.O. BOX Number is in	——————	<u>. </u>		
the obligations of registered agont. Signature Signature Signature Internation of Internation Signature Signatu				City			FL	Zip Cod	— <u>:</u> :
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III III PD	8. The above the obligat	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered office or regis	stered agent, or both, in t	he State of Flori	da. I am fam	iliar with,	and accept
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTI	Registered Agont signature regi	med when remstating)		DATE	-	
After May 1, 2005 Fee Will Be \$55.0.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE	F	ILE NOW!!! FEE IS \$150.00			9.5	lection Campair	n Financina	\$5	nn ver Be
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE									
NAME STREET ADDRESS OCTY-ST-2P OKEECHOBEE FL OTHE STD DAVIS, DIANE B. STREET ADDRESS OCTY-ST-2P OKEECHOBEE FL 34972 OKEECHOBEE FL 34		The same and the s	<u></u>	11.	ADDITIONS/CHAI	IGES TO OFFIC	ERS AND DI	RECTOR	SIN 11
STREEL ADDRESS CITY - ST- ZPP OKEECHOBEE FL OKECCHOBEE FL OKECCHOBEE FL OKEECHOBEE OKEECHOBEES		· -	☐ Delete] Change	Addition
THE NAME STREET ADDRESS CITY ST-ZP THE NAME STREET ADDRESS CITY S		674 N.W. 113TH DRIVE							
DAVIS, DIANE B. 674 N.W. 113TH DRIVE OKECHOBES FI. 34972 OKECHOBES FI	CITY - ST - ZIP			<u> </u>				<u>. </u>	<u>-</u>
SIRET ADDRESS GIV-SI-ZIP OKECHOBEE FL 34972 FIRE OAVIS, EDWARD J W SIRET ADDRESS GIV-SI-ZIP OAVIS, EDWARD J W SIRET ADDRESS GIV-SI-ZIP OKECHOBEE FL 34972 FIRE OAVIS, EDWARD J W SIRET ADDRESS GIV-SI-ZIP OKECHOBEE FL 34972 FIRE OAVIS, EDWARD J W SIRET ADDRESS GIV-SI-ZIP OKECHOBEE FL 34972 FIRE OAVIS, EDWARD J W SIRET ADDRESS GIV-SI-ZIP FIRE OBelete FL 34972 FIRE OAVIS, EDWARD J W SIRET ADDRESS GIV-SI-ZIP FIRE OBELET OAVIS, EDWARD J W SIRET ADDRESS GIV-SI-ZIP FIRE OBELET OAVIS, EDWARD J W Addition OAVIS, EDWARD J W SIRET ADDRESS GIV-SI-ZIP FIRE OBELET OAVIS, EDWARD OAVIS, EDWARD J W Addition OAVIS, EDWARD J W O			☐ Delete			U00000248	3117 -		_
Delete D	STREET ADDRESS	674 N.W. 113TH DRIVE		STREET ADDRESS	03/	02/05-800	017-003	158.7	7 5
NAME SIRET ADDRESS CITY-ST-ZIP DAVIS, EDWARD J W 310 NE 144 ST OKEECHOBEE FL 34972 DIFILE MAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS C			□ Dalaia					1 Change	Addition
CITY ST-ZIP INTLE MAME STREET ADDRESS CITY ST-ZIP TITLE MAME STREET ADDRESS CITY ST-ZIP Delets TITLE MAME STREET ADDRESS CITY ST-ZIP TO Change Addition Addition MAME STREET ADDRESS CITY ST-ZIP TO Change Addition STREET ADDRESS CITY ST-ZIP TO Change Addition CHANGE ADDRESS CITY ST-ZIP TO Change Addition STREET ADDRESS CITY ST-ZIP TO Change Addition CHANGE ADDRESS CITY ST-ZIP TO Change Addition STREET ADDRESS CITY ST-ZIP TO Change Addition CHANGE ADDRESS CITY ST-ZIP TO CHANGE ADDRESS CITY ST-ZIP		•	Delete				_	, 0,,,,,,	
Delete IFLE									
SIREET ADDRESS CITY- ST-ZIP ITILE NAME SIREET		CREENINGEE 12 04072	☐ Delete		<u> </u>			Change	Addition
CITY_ST-ZIP ITILE NAME SIREEI ADDRESS CITY_ST-ZIP TILLE NAME SIREEI ADDRESS CITY_ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. DIANE B DAVIS SIGNATURE: June B JAVIS SIGNATURE: June B JAVIS									
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete PILE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Aunu B. Aunu - STD 2/28/05 8/3/71/3-7882								_	
SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ### STREET ADDRESS CITY-ST-ZIP Change			☐ Delete] Change	Addition Addition
Delete De									
NAME SIRECT ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: When B - Arms - STD 2/28/05 8/3/71/3-7882	CITY - ST - ZIP			CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE: SIREIT ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 19.07(3)(i), 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: SIGNAT			Delete					[Change	☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. DIANCE IS DAVIS SIGNATURE: Law B - Law - STD 2/26/05 8/3/7/3-788.2				STREET ADDRÉSS					
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: SIG		ASC. M. 445. 3.6. 41. 41. 41. 41. 41. 41. 41. 41. 41. 41	Alais Ellin alan ann an 1971		Parties 440 07/01/81 Ft.	ride Chabatas 14	undhan a medic.	that that	
SIGNATURE: Degin B. Domi - STD 2/28/05 8/3/7/3-7882	indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address,	s true and accurate and that r owered to execute this report with all other like empowered.	ny signature shall have ti as required by Chapter (he same legal effect as il	' made under oa	in; inat≀am .	an omcer	or director
	SIGNAT	URE: Draine B.	Davis - S	OR DIRECTOR	2/28/	05 Date	863/7	1/3-7 ne Phone i	887