

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 389435**

1. Entity Name  
**EDWARDS FARMS, INC.**



Principal Place of Business  
**488 NW KENNY EDWARDS DR  
MAYO, FL 32066**

Mailing Address  
**488 NW KENNY EDWARDS DR  
MAYO, FL 32066**



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1366133**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**EDWARDS, ROBERT S  
2815 HAMMOCK DR  
PLANT CITY, FL 33567**

**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 *Hilda Jean Edward*

*Sec.*

*1-30-06*

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 PT  
NAME EDWARDS, HUGH M  
STREET ADDRESS 488 NW KENNY EDWARDS DR  
CITY-ST-ZIP MAYO, FL 32066

TITLE VS  
NAME EDWARDS, HILDA JEAN  
STREET ADDRESS 488 NW KENNY EDWARDS DR  
CITY-ST-ZIP MAYO, FL 32066

TITLE S  
NAME EDWARDS, HILDA JEAN  
STREET ADDRESS 488 NW KENNY EDWARDS DR  
CITY-ST-ZIP MAYO, FL 32066

TITLE T  
NAME EDWARDS, HUGH M  
STREET ADDRESS 488 NW KENNY EDWARDS DR  
CITY-ST-ZIP MAYO, FL 32066

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000419578  
02/15/06-80013-008 150.00

**DO NOT WRITE  
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 *Hilda Jean Edward*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-30-06*

Date

*286-294-1767*

Daytime Phone #