

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90048 038 ***150.00

DOCUMENT # 430986

1. Entity Name

BEARDSLEY FARMS INC



Principal Place of Business

**323 EAST OSCEOLA AVENUE
CLEWISTON FL 33440**

Mailing Address

**P.O. BOX 1500
CLEWISTON FL 33440**

2. Principal Place of Business

401 So. W.C. Owen Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Clewiston FL

City & State

Zip

33440

Country

Zip

Country

4. FEI Number

59-1480248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEARDSLEY, DAVID L
106 RIDGEWOOD AVE
CLEWISTON FL 33440**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BEARDSLEY, DAVID L.**
STREET ADDRESS **106 RIDGEWOOD AVE**
CITY-ST-ZIP **CLEWISTON FL**

TITLE **SD** ☐ Delete
NAME **BEARDSLEY, JO H**
STREET ADDRESS **252 N.E. 937 AVE.**
CITY-ST-ZIP **BRANFORD FL 32008**

TITLE **VD** ☐ Delete
NAME **BEARDSLEY, WAYNE J JR**
STREET ADDRESS **252 N. E. 937 AVE.**
CITY-ST-ZIP **BRANFORD FL 32008**

TITLE **TD** ☐ Delete
NAME **BEARDSLEY, HANNAH Y**
STREET ADDRESS **716 POINSETTIA STREET**
CITY-ST-ZIP **CLEWISTON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

David L. Beardsley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05 (863) 983-5144
Date Daytime Phone #