


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90089 001 \*\*\*150.00

<b>DOCUMENT # 430986</b> 1. Entity Name <b>BEARDSLEY FARMS INC</b>					
Principal Place of Business <b>401 SOUTH W.C. OWEN AVENUE CLEWISTON, FL 33440</b>			Mailing Address <b>P.O. BOX 1500 CLEWISTON, FL 33440</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>59-1480248</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04202007    Chg-P    CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>BEARDSLEY, DAVID L 106 RIDGEWOOD AVE CLEWISTON, FL 33440</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY ST-ZIP	PD BEARDSLEY, DAVID L. 106 RIDGEWOOD AVE CLEWISTON, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<del>PD</del> BEARDSLEY, JO H 252 N.E. 937 AVE. BRANFORD, FL 32008	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST-ZIP	<b>T/S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	VD BEARDSLEY, WAYNE J JR 252 N. E 937 AVE. BRANFORD, FL 32008	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	TD BEARDSLEY, HANNAH Y 716 POINSETTIA STREET CLEWISTON, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>David L. Beardsley</u> <b>4/20/07</b> <b>863-983-5144</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					