

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 593536

1. Entity Name
WENDELL COLE FARMS, INC.



Principal Place of Business
**3271 HART ROAD
WAUCHULA, FL 33873 US**

Mailing Address
**P.O. BOX 1066
ZOLFO SPRINGS, FL 33890 US**



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1906345	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COLE, WENDELL
3271 HART ROAD
WAUCHULA, FL 33873**

**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: _____ (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

000000523784
05/03/06-80088-008 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
COLE, WENDELL
3456 HART ROAD
WAUCHULA, FL 33873**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
MILLER, HARRY K
338 MURPHY RD
ONA, FL 33865**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
COLE, ANNETTE G
3456 HART ROAD
WAUCHULA, FL 33873**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: Annelle G. Cole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-06 863435-1913
Date Daytime Phone #