
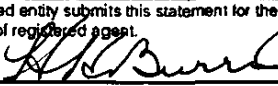
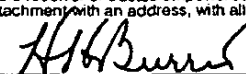


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 24, 2005 8:00 am
Secretary of State

07-25-2005 90095 006 ***150.00

DOCUMENT # G79856 1. Entity Name HOM/ADE FOODS SALES, INC.			
Principal Place of Business 4641 FORSYTH ST 4641 FORSYTH ST BAGDAD FL 32530 US		Mailing Address P O BOX 505 5885 HAMILTON BRIDGE RD. BAGDAD FL 32530 US	
2. Principal Place of Business		3. Mailing Address P.O. Box 505	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BAGDAD, FL	
4. FEI Number 59-2527450		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENGLISH, DEBORAH L 4641 FORSYTH ST P.O. BOX 505 BAGDAD FL 32530		7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable): 5885 HAMILTON BRIDGE ROAD City: MILTON FL Zip Code: 32570	
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:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: BURRIS, HOWARD H. STREET ADDRESS: 5901 HAMILTON BRIDGE RD. CITY-ST-ZIP: MILTON FL	<input type="checkbox"/> Delete	TITLE: COB Director NAME: Burris, Howard H. STREET ADDRESS: 5901 HAMILTON BRIDGE RD. CITY-ST-ZIP: MILTON, FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: BURRIS, WILLIAM D. STREET ADDRESS: 5901 HAMILTON BRIDGE RD. CITY-ST-ZIP: MILTON FL	<input type="checkbox"/> Delete	TITLE: Supervisor NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: Pres. NAME: Greg Lowery STREET ADDRESS: 1332 TOUR DRIVE CITY-ST-ZIP: Gulf Breeze, FL 32563	<input type="checkbox"/> Change <input checked="" 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
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 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: 		Date: 7/19/2005 850-623-3845 <small>Signature and Typed or Printed Name of Signing Officer or Director</small>	