

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

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
BAGDAD, FL 32530 US**



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2527450

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ENGLISH, DEBORAH L
5885 HAMILTON BRIDGE ROAD
MILTON, FL 32570**

**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 _____

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	COBD
NAME	BURRIS, HOWARD H.
STREET ADDRESS	5901 HAMILTON BRIDGE RD.
CITY-ST-ZIP	MILTON, FL 32570
TITLE	VPD
NAME	BURRIS, WILLIAM D.
STREET ADDRESS	5901 HAMILTON BRIDGE RD.
CITY-ST-ZIP	MILTON, FL
TITLE	P
NAME	LOWERY, GREG
STREET ADDRESS	1332 TOUR DRIVE
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/06-80040-014 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06
Date

860/623-3845
Daytime Phone #