


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.	
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Principal Place of Business 4641 FORSYTH ST 4641 FORSYTH ST BAGDAD, FL 32530 US	Mailing Address P O BOX 505 BAGDAD, FL 32530 US
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01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2527450	Applied For 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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04/28/06-80040-014 150.00

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: *Howard H. Burris* 1/20/06 860/623-3845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #