

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06338

FILED
Mar 01, 2007
Secretary of State

Entity Name: EDEN OF THE EVERGLADES, INC.

Current Principal Place of Business:

892 DUPONT ROAD
P O BOX 5028
EVERGLADES CITY, FL 34139 US

New Principal Place of Business:

31222 TAMiami TRAIL EAST
EVERGLADES CITY, FL 34139 US

Current Mailing Address:

P.O. BOX 5028
EVERGLADES CITY, FL 34139 US

New Mailing Address:

FEI Number: 59-2422664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STOKES, ERVIN
930 SEABOARD DR. P.O. BOX 518
COPELAND, FL 34137 US

Name and Address of New Registered Agent:

STOKES, ERVIN
930 SEABOARD DR.
COPELAND, FL 34137 US

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.

SIGNATURE:

03/01/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STOKES, ERVIN
Address: 930 SEABOARD DR. P.O. BOX 518
City-St-Zip: COPELAND, FL 34137

Title: VP () Delete
Name: STOKES, LYNN
Address: 930 SEABOARD DR. P.O. BOX 518
City-St-Zip: COPELAND, FL 34137

Title: VP () Delete
Name: STOKES, MICHAEL
Address: HC 61, BOX 125
City-St-Zip: JEROME, FL 34141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STOKES, ERVIN
Address: 930 SEABOARD DR. P.O. BOX 518
City-St-Zip: COPELAND, FL 34137

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN STOKES

VP

03/01/2007

Electronic Signature of Signing Officer or Director

Date