

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 08:00 AM
Secretary of State

DOCUMENT # H78050 1. Entity Name DOT WALDEN FARMS, INC.					
Principal Place of Business 2901 SYDNEY-DOVER RD 2901 SYDNEY-DOVER RD DOVER, FL 33527			Mailing Address 2901 SYDNEY-DOVER RD 2901 SYDNEY-DOVER RD DOVER, FL 33527		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REGISTER, DELVA W. 2805 S. FORBES RD. PLANT CITY, FL 33567				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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: <u>DELVA W. REGISTER</u> 8/29/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent must be a resident of the State of Florida when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REGISTER, BRUCE		NAME		
STREET ADDRESS	19244 BLOUNT RD		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	000000378076 09/09/05-80004-013 150.00	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REGISTER, DELVA W.		NAME		
STREET ADDRESS	2805 S FORBES RD		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REGISTER, R. W.		NAME		
STREET ADDRESS	2805 S FORBES RD		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EL SINGER, DEBORAH		NAME		
STREET ADDRESS	29 WHEATON RD		STREET ADDRESS		
CITY-ST-ZIP	AKRON, OH		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REGISTER, BRENT		NAME		
STREET ADDRESS	2901 SYDNEY-DOVER RD		STREET ADDRESS		
CITY-ST-ZIP	DOVER, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RHODES, BECKY		NAME		
STREET ADDRESS	P. O. BOX 1311		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDAL, FL		CITY-ST-ZIP		
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: <u>Delva W. Register</u>			8/29/05 813 299 5679		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		