

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # K75380

1. Entity Name
WARD'S POULTRY SERVICES, INC.



Principal Place of Business
**% JOHN SHERROD WARD
22626 HWY 129
O BRIEN, FL 32071**

Mailing Address
**P O BOX 450
BRANFORD, FL 32008 US**



01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2945243

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WARD, JOHN SHERROD
22626 HWY 129
O BRIEN, FL 32071**

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000121994
04/21/04-80010-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	WARD, JOHN SHERROD
STREET ADDRESS	8996 240TH ST
CITY-ST-ZIP	O BRIEN, FL 32071
TITLE	DVP
NAME	WARD, MARSHA BELINDA
STREET ADDRESS	8996 240TH ST
CITY-ST-ZIP	O BRIEN, FL 32071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/16/04 (386) 935-0414
Date Daytime Phone #