2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 01, 2007
Secretary of State

DOCUMENT# K75380

Entity Name: WARD'S POULTRY SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

% JOHN SHERROD WARD
8996 240TH ST
O BRIEN, FL 32071

Current Mailing Address:

P O BOX 450
BRANFORD, FL 32008 US

New Mailing Address:

P O BOX 186
O'BRIEN, FL 32008 US

FEI Number: 59-2945243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WARD, JOHN SHERROD
8996 240TH ST
O BRIEN, FL 32071 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: JOHN SHERROD WARD 02/01/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: WARD, JOHN SHERROD,
Address: 8996 240TH ST
City-St-Zip: O BRIEN, FL 32071

Title: DVP ( ) Delete
Name: WARD, MARSHA BELINDA,
Address: 8996 240TH ST
City-St-Zip: O BRIEN, FL 32071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHN SHERROD WARD DPT 02/01/2007
Electronic Signature of Signing Officer or Director Date