

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90027 031 ***150.00

DOCUMENT # L06686

1. Entity Name
VERNER FARMS, INC.



Principal Place of Business

110 E REYNOLDS ST
STE 700
PLANT CITY, FL 33566

Mailing Address

P.O. BOX 1118
PLANT CITY, FL 33564 US

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2963494

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VERNER, EDWARD M.
100 E REYNOLDS ST
STE 700
PLANT CITY, FL 33566

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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 reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VERNER, EDWARD M.
STREET ADDRESS 110 E REYNOLDS ST STE 700
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE SD
NAME VERNER, JOHN V. JR.
STREET ADDRESS 110 E REYNOLDS ST STE 700
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE VD
NAME WAGNER, KARL
STREET ADDRESS 5741 RIVOLI DR
CITY-ST-ZIP MACON, GA 31210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #