

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

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			
		01182008 No Chg-P CR2E034 (11/05)	
		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		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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERNER, EDWARD M. 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VERNER, JOHN V. JR. 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAGNER, KARL 5741 RIVOLI DR MACON, GA 31210		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>John V. Verner</u> 2/23/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			