## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2007 08:00 AM Secretary of State

$\Box$	0	$\Box$	٦N	<b>1</b> □	NT	#	L 50	ገበ	44
┙	$\mathbf{U}$	-	ווע	/I 🗀 I	171	#	レン	JU	-

1. Entity Name

FARMERS MARKET AND TRADING POST, INC.



Principal Place of Business

Mailing Address

3100 S. HIGHWAY 441 OKEECHOBEE, FL 34974 P.O. BOX 1177 OKEECHOBEE, FL 34973



02132007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0183153 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

FORD, JOSEPH J 269 N.W. 9TH STREET OKEECHOBEE, FL 34972

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little	if spokcable (NOTE: Registere	i Agent signature	required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			000000644601 03/02/07-80049-017 150.00
10. OFFICERS AND DIRECTORS					
TITLE Name Street adoress City+St-Zip	P WALPOLE, EDWIN E III 269 N.W. 9TH STREET OKEECHOBEE, FL 34972				
TITLE NAME STREET ADDRESS					

## DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling doe indicated on this report or supplemental report is true and according to the control of the control

12. Thereby certify that the information supplied with this filing does not juditly 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. There is in powered to execute his 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 exposeled.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SURRING OFFICER OR DIRECTOR

2/19/07

863-763-5593

EDWINI E. Walpole