

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000102208

1. Entity Name
C.O.D. FARMS, INC.



Principal Place of Business
16835 131ST WAY NORTH
JUPITER, FL 33478

Mailing Address
POST OFFICE BOX 867
JUPITER, FL 33468



06042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1148743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

E. WAYNE DREW
16835 131ST WAY NORTH
JUPITER, FL 33478

**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 *E. Wayne Drew*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-7-04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME CAHILL, TIMOTHY D
STREET ADDRESS 8081 N.W. LILY COUNTY LINE ROAD
CITY- ST- ZIP OMA, FL 33865

TITLE D
NAME E. WAYNE DREW
STREET ADDRESS POST OFFICE BOX 867
CITY- ST- ZIP JUPITER, FL 33468

TITLE D
NAME DREW, ROBERT V
STREET ADDRESS P.O. BOX 867
CITY- ST- ZIP JUPITER, FL 33468

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000162338

06/09/04 80002-016 150.00

**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: *E. Wayne Drew*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-04 1-561-576-1517

Date

Daytime Phone #