

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90054 010 \*\*\*150.00

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

**DO NOT WRITE IN THIS SPACE**



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1148743

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

E. WAYNE DREW  
275 BEACH ROAD  
JUPITER, FL 33469

**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

3-1-07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

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:

*E. Wayne Drew*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-2-07 1-54575-1512