

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90029 042 ***150.00

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1. Entity Name
BACKWOODS FARM INC.



Principal Place of Business
**14225 85TH ST.
P.O. BOX 174
FELLSMERE, FL 32948**

Mailing Address
**14225 85TH ST.
187 S. MAPLE ST.
FELLSMERE, FL 32948**

30407659



DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3168218

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POWERS, GEORGE E JR
187 S MAPLE ST
FELLSMERE, FL 32948**

**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 *George E. Powers Jr.* **George E. Powers JR.**

1/23/04
DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	POWERS, GEORGE E SR
STREET ADDRESS	14125 85TH ST
CITY-ST-ZIP	FELLSMERE, FL
TITLE	P
NAME	POWERS, GEORGE E
STREET ADDRESS	187 S MAPLE ST
CITY-ST-ZIP	FELLSMERE, FL
TITLE	SECRETARY
NAME	KIM KING
STREET ADDRESS	187 S. MAPLE ST. Fellsme FL
CITY-ST-ZIP	32948
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: *George E. Powers Jr.* **George E. Powers JR.**

1/23/05
Date

772 713 7171
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR