2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000015371

1. Entity Name
BACKWOODS FARM INC.

Principal Place of Business	Mailing Address
14225 85TH ST. P.O. BOX 174 FELLSMERE, FL 32948	14225 85TH ST. 187 S. MAPLE ST. FELLSMERE, FL 32948

DO NOT WRITE IN THIS SPACE

01032006 No Chg-P CR2E034 (11/05)

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

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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 _____ 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, 2006 Fee will be $550.00

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

000000447436
03/08/06-80050-010 150.00

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	S
NAME	KING, KIM
STREET ADDRESS	187 SOUTH MAPLE STREET
CITY-ST-ZIP	FELLSMERE, FL 32948
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: [signature] George E. Powers JR. 2-21-06 772-571-9694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #