


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000015371	
1. Entity Name BACKWOODS FARM INC.	

Principal Place of Business 14225 85TH ST. P.O. BOX 1402 FELLSMERE, FL 32948	Mailing Address 14225 85TH ST. 187 S. MAPLE ST. FELLSMERE, FL 32948
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01072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3168218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

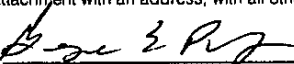
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POWERS, GEORGE E SR 14125 85TH ST FELLSMERE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWERS, GEORGE E 187 S MAPLE ST FELLSMERE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, KIM 187 SOUTH MAPLE STREET FELLSMERE, FL 32948
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000650336
03/08/07-80009-017-150.00

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:  **George E. Powers, Jr.** 2-22-07 772-571-9694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #