

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049031

Entity Name: WOLFHEAD FARMS, INC.

FILED
Feb 08, 2006
Secretary of State

Current Principal Place of Business:

1324 S MAIN STREET
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

1324 S MAIN STREET
BELLE GLADE, FL 33430 US

New Mailing Address:

FEI Number: 65-0430173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, H E
1324 S MAIN ST
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HILL, H.E.
Address: 1324 S MAIN STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: S () Delete
Name: ALSTON, BARBARA H
Address: 1324 S MAIN ST
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ALSTON, BARBARA H
Address: 1324 S MAIN ST
City-St-Zip: BELLE GLADE, FL 33430

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H.E. HILL

PD

02/08/2006

Electronic Signature of Signing Officer or Director

Date