2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000104455

1. Entity Name
HWH FARMS, INC.

Principal Place of Business	Mailing Address
2024 N STATE ROAD 715	P O BOX 952
BELLE GLADE, FL 33430	BELLE GLADE, FL 33430 US

DO NOT WRITE IN THIS SPACE

02062007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0799380	Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, HORACE W
2024 N STATE RD 715
BELLE GLADE, FL 33430

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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. ☐ **$5.00** May Be Added to Fees

U000000636316
02/26/07-80011-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARRIS, HORACE W
STREET ADDRESS	2024 N STATE ROAD 715
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	D
NAME	HARRIS, MIRIAM N
STREET ADDRESS	2024 N STATE ROAD 715
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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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 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: _Horace W. Harris_   Horace W. Harris 2-12-07   561-996-8707

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