

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000061070

**Entity Name:** EDENFIELD & WHIDDEN INC.**Current Principal Place of Business:**711 N PARK ROAD  
STE C  
PLANT CITY, FL 33563**Current Mailing Address:**P.O. BOX 4170  
PLANT CITY, FL 33563 US**FEI Number:** 56-2589633**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHIDDEN, KARLENE  
711 N PARK ROAD  
PLANT CITY, FL 33563 US*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:** KARLENE WHIDDEN

04/07/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                     |
|-----------------|---------------------|
| Title           | VP/D                |
| Name            | EDENFIELD, KEVIN    |
| Address         | 3505 NESMITH ROAD   |
| City-State-Zip: | PLANT CITY FL 33566 |

|                 |                     |
|-----------------|---------------------|
| Title           | T/D                 |
| Name            | EDENFIELD, SHARON   |
| Address         | 3505 NESMITH ROAD   |
| City-State-Zip: | PLANT CITY FL 33566 |

|                 |                     |
|-----------------|---------------------|
| Title           | S/D                 |
| Name            | WHIDDEN, JERRY      |
| Address         | P.O. BOX 4170       |
| City-State-Zip: | PLANT CITY FL 33563 |

|                 |                          |
|-----------------|--------------------------|
| Title           | PRESIDENT, DIRECTOR      |
| Name            | WHIDDEN, KARLENE         |
| Address         | 711 N PARK ROAD<br>STE C |
| City-State-Zip: | PLANT CITY FL 33563      |

*I hereby 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 all other like empowered.*

**SIGNATURE:** KARLENE WHIDDEN

PRESIDENT

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date