

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90039 020 \*\*\*150.00

**DOCUMENT # F07000005934**

1. Entity Name

SANDUSKY FARMS CORPORATION NO. 1



Principal Place of Business

P.O. BOX 171, 2830 CROSIADORE LANE  
TRAPPE MD 21673

Mailing Address

P.O. BOX 171, 2830 CROSIADORE LANE  
TRAPPE MD 21673



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-4346490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEURER, ELLEN J  
8787 BAY COLONY DRIVE, UNIT 501  
NAPLES FL 34108

Name

*Feuer, Ellen J.*

Street Address (P.O. Box Number is Not Acceptable)

*8787 Bay Colony Drive, Unit 501*

City

*Naples, FL 34108*

St.

**FL**

Zip Code

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

*Ellen J. Feuer*

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reconstituting)

*3-1-08*

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPT ☒ Delete  
NAME FEUER, STEVEN M  
STREET ADDRESS 8787 BAY COLONY DRIVE, UNIT 501  
CITY-ST-ZIP NAPLES FL 34108

TITLE *President* ☒ Change ☐ Addition  
NAME *Ambus, Steven M.*  
STREET ADDRESS *P.O. Box 171*  
CITY-ST-ZIP *Trappe, MD 21673*

TITLE VCS ☐ Delete  
NAME FEUER, ELLEN J  
STREET ADDRESS 8787 BAY COLONY DRIVE, UNIT 501  
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KAUNTZ, EDMUND G  
STREET ADDRESS 3401 ENTERPRISE PARKWAY, SUITE 200  
CITY-ST-ZIP BEACHWOOD OH 44122

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Steven M. Ambus, President 2/26/08 (410) 476-3329*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #