


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000061886**  
 1. Entity Name  
**SANDERS FARMS OF OCALA, INC.**



Principal Place of Business 5950 SW 6 PL OCALA, FL 34474 US	Mailing Address 5950 SW 6 PL OCALA, FL 34474 US
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**DO NOT WRITE IN THIS SPACE**



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3516627	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SANDERS, TOM  
 5765 N.W. 110 STREET  
 OCALA, FL 34482

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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 \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDERS, JENNIFER 5765 NW 110 ST OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDERS, KERK 5765 NW 110 ST OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDER, TOM 5765 NW 110TH ST OCALA, FL 34482
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000000377384  
 08/30/05-80001-008 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **8/29/05** **352-873-8660**

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