


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-04-2006 90254 039 ***150.00


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



Principal Place of Business Mailing Address
 5950 SW 6 PL 5950 SW 6 PL
 OCALA, FL 34474 US OCALA, FL 34474 US

DO NOT WRITE IN THIS SPACE

66018892



04252008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent
SANDERS, TOM
 5765 N.W. 110 STREET
 OCALA, FL 34482

DO NOT WRITE IN THIS SPACE

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 registering) DATE: 4-26-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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 5785 NW 110 ST OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDERS, KERK 5785 NW 110 ST OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDER, TOM 5765 NW 110TH ST OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: _____ DATE: 4-26-06 DAYTIME PHONE: 352-873-8660