

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061886

FILED
Apr 21, 2009
Secretary of State

Entity Name: SANDERS FARMS OF OCALA, INC.

Current Principal Place of Business:

5950 SW 6 PL
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

5950 SW 6 PL
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-3516627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: SANDERS, JENNIFER
Address: 5765 NW 110 ST
City-St-Zip: OCALA, FL 34482

Title: VP () Delete
Name: SANDERS, KERK
Address: 5765 NW 110 ST
City-St-Zip: OCALA, FL 34482

Title: P () Delete
Name: SANDER, TOM
Address: 5765 NW 110TH ST
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SANDERS, TOM
Address: 5765 NW 110TH ST
City-St-Zip: OCALA, FL 34482

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TOM SANDERS

P

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date