

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061886

FILED  
Jan 31, 2012  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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: TOM SANDERS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

01/31/2012

\_\_\_\_\_  
Date