

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 134459</b> 1. Entity Name <b>SARGEANT FARMS, INC.</b>	
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Principal Place of Business <b>4402 KNIGHTS RD. LAKELAND FL 33809 US</b>	Mailing Address <b>P.O. BOX 17 LAKELAND FL 33802 US</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-0406204</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> 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  <b>SARGEANT, WILLIAM B. 4711 SOUTHWOOD LANE LAKELAND FL 33813</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \$150.00**  
**After May 1, 2005 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	
TITLE	P <input type="checkbox"/> Delete <b>SARGEANT, WILLIAM B</b>
NAME	<b>4711 SOUTHWOOD LANE</b>
STREET ADDRESS	<b>LAKELAND FL 33813</b>
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>
TITLE	S <input type="checkbox"/> Delete <b>SARGEANT, ALICE ANN</b>
NAME	<b>938 OSEOLA ST</b>
STREET ADDRESS	<b>LAKELAND FL 33801</b>
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>
TITLE	VP <input type="checkbox"/> Delete <b>SARGEANT, JOANNA</b>
NAME	<b>4711 SOUTHWOOD LN</b>
STREET ADDRESS	<b>LAKELAND FL 33813</b>
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>U00000330785</b>
STREET ADDRESS	<b>04/25/05-80175-004 150.00</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *William B Sargeant* **WILLIAM B SARGEANT** 4/21/05 863 858-241