

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90029 038 \*\*\*150.00

**DOCUMENT # 280869**

1. Entity Name

SUNNY SOUTH FARMS INC



Principal Place of Business

P.O. BOX 168  
FORT OGDEN FL 34267  
US

Mailing Address

P.O. BOX 168  
FORT OGDEN FL 33842  
US

34020463



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

P.O. Box 168

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
FORT OGDEN, FLORIDA

4. FEI Number  
59-1051986

Applied For  
Not Applicable

Zip

Country

Zip

Country

34267

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANE, ROBERT J.  
WEST SENATE ROAD  
FT OGDEN FL 34267

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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
NAME	GREENLEE, MARY	
STREET ADDRESS	268A HERITAGE VILLAGE	
CITY-ST-ZIP	SOUTHBURY CT 06488	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAGE, ELIZABETH	
STREET ADDRESS	45 BRIARCLIFF ROAD	
CITY-ST-ZIP	LARCHMONT NY	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LANE, SALLY R.	
STREET ADDRESS	W SENATE ROAD	
CITY-ST-ZIP	FT OGDEN FL	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V, S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, ELIZABETH	
STREET ADDRESS	35 N. CHATSWORTH AVE.	
CITY-ST-ZIP	LARCHMONT, N.Y. 10538	
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)(i), 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:

Sally R. Lane SALLY R. LANE

MAR 6 2004

863-494-3799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #