

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**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 34267  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1051986

Applied For

Not Applicable

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, 2007 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 NAME STREET ADDRESS CITY ST ZIP ☐ Delete

P  
GREENLEE, MARY  
268A HERITAGE VILLAGE  
SOUTHURY CT 06488

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete

VS  
PAGE, ELIZABETH  
35 N CHATSWORTH AVE  
LARCHMONT NY 10538

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete

ST  
LANE, SALLY R.  
W SENATE ROAD  
FT OGDEN FL

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

U00000601514  
01/26/07-80052-012 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
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CITY ST ZIP

TITLE  
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STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Robert J. Lane*

ROBERT J. LANE

1-22-07

863-494-3799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #