

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 292835

1. Entity Name
SUGAR LOAF GROVES INC



Principal Place of Business
5315 BALSAM AVE.
WEST MELBOURNE, FL 32904

Mailing Address
5315 BALSAM AVE.
WEST MELBOURNE, FL 32904



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1097195

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TOLLE, SANDRA H
5315 BALSAM AVE.
W. MELBOURNE, FL 32904

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	TOLLE, SANDRA H
STREET ADDRESS	5315 BALSAM AVE.
CITY-ST-ZIP	W. MELBOURNE, FL 32904
TITLE	VD
NAME	KING, JAMES JR.
STREET ADDRESS	6100 FAIRVIEW RD, STE 700
CITY-ST-ZIP	CHARLOTTE, NC 28210
TITLE	DP
NAME	KING, WILLIAM D
STREET ADDRESS	9 WIDELOOP RD
CITY-ST-ZIP	ROLLING HILLS, CA 22601
TITLE	DT
NAME	CAPOROSSI, BEVERLY M
STREET ADDRESS	1901 BODDINGTON TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/04-80007-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Sandra H. Tolle Sandra H. Tolle 1-12-04 351-723-8412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #