


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 08, 2005 08:00 AM  
Secretary of State

DOCUMENT # 400045 1. Entity Name SARASOTA FARMS, INC.	
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Principal Place of Business 1700 DOG KENNEL RD SARASOTA, FL 34240	Mailing Address 1700 DOG KENNEL RD SARASOTA, FL 34240
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**DO NOT WRITE IN THIS SPACE**



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1437500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent  FERLISE, FELIX 2057 MISTY SUNRISE TR SARASOTA, FL 34240
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**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, 2005 Fee will be \$550.00**

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	P FERLISE, FELIX A 2029 MISTY SUNRISE TR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERLISE, STEPHEN M 1740 OAK LAKES DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERLISE, ROSALIE 1740 OAK LAKES DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERLISE, MILTON 1740 OAK LAKES DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000293775  
04/08/05-80043-009 150.00

**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)(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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Felix Ferlise FELIX FERLISE 4-5-05 (941) 371-2424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #