

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 454545

FILED
Feb 07, 2004
Secretary of State

Entity Name: SAPP FARMS, INC.

Current Principal Place of Business:

300 N. KROME AVE
BUILDING #10
FLORIDA CITY, FL 33034 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 901348
HOMESTEAD, FL 330901348 US

New Mailing Address:

27451 SW 170 AVE
HOMESTEAD, FL 33031 US

FEI Number: 59-1585167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPP, STEVEN S
300 N KROME AVE BUILDING 10
FLORIDA CITY, FL 33034 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SAPP, EDWIN
Address: 2955 SE 4TH PLACE
City-St-Zip: HOMESTEAD, FL 33035

Title: PD () Delete
Name: SAPP, STEVEN
Address: 27451 S.W. 170TH AVE.
City-St-Zip: HOMESTEAD, FL

Title: D () Delete
Name: BORGSCHELTE, ELIZABETH
Address: 40 WINTHROP ROAD
City-St-Zip: LEXINGTON, MA 02421

Title: D () Delete
Name: WALLACE, EUGENIA
Address: 176 BESSIE ROAD
City-St-Zip: TAVERNIER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN SAPP

PRES

02/07/2004

Electronic Signature of Signing Officer or Director

Date