

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 454545

Entity Name: SAPP FARMS, INC.

FILED
Feb 11, 2009
Secretary of State

Current Principal Place of Business:

176 BESSIE ROAD
TAVERNIER, FL 33070 US

New Principal Place of Business:

Current Mailing Address:

176 BESSIE ROAD
TAVERNIER, FL 33070 US

New Mailing Address:

FEI Number: 59-1585167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, EUGENIA
176 BESSIE ROAD
TAVERNIER, FL 33070 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: PDS () Delete
Name: SAPP, STEVEN
Address: 17420 SW 267 LANE
City-St-Zip: HOMESTEAD, FL 33031

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: WALLACE, EUGENIA
Address: 176 BESSIE ROAD
City-St-Zip: TAVERNIER, FL 33070

Title: VDS () Change (X) Addition
Name: SAPP, EDWIN
Address: 227 LANE 9
City-St-Zip: POWELL, WY 82435

Title: D () Change (X) Addition
Name: BORGSCHULTE, ANN
Address: 7 TURNBURY HILL ROAD
City-St-Zip: LEXINGTON, MA 02421

Title: D () Change (X) Addition
Name: SAPP, STEVEN
Address: 17420 S.W. 267 LANE
City-St-Zip: HOMESTEAD, FL 33031

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: EUGENIA WALLACE

PDS

02/11/2009

Electronic Signature of Signing Officer or Director

Date