

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 454545

Entity Name: SAPP FARMS, INC.

**FILED**  
**Feb 02, 2011**  
**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

**OFFICERS AND DIRECTORS:**

Title: PDS  
Name: WALLACE, EUGENIA  
Address: 176 BESSIE ROAD  
City-St-Zip: TAVERNIER, FL 33070 US

Title: VDST  
Name: SAPP, EDWIN  
Address: 227 LANE 9  
City-St-Zip: POWELL, WY 82435 US

Title: DST  
Name: BORGSCHULTE, ANN  
Address: 7 TURNBERRY HILL ROAD  
City-St-Zip: LEXINGTON, MA 02421 US

I hereby 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 all other like empowered.

SIGNATURE: EUGENIA WALLACE

PDS

02/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date