

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 581676

FILED
Jul 07, 2005
Secretary of State

Entity Name: SANDERS FARMS, INC.

Current Principal Place of Business:

29975 SW 208TH AVE
PO BOX 1392
HOMESTEAD, FL 33090

New Principal Place of Business:

Current Mailing Address:

29975 SW 208TH AVE
PO BOX 1392
HOMESTEAD, FL 33090

New Mailing Address:

FEI Number: 59-1891939 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANDERS, JAMES
19870 SW 240 ST
HOMESTEAD, FL 33030 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: SANDERS, JEFFREY D.
Address: 19870 SW 240 ST
City-St-Zip: HOMESTEAD, FL

Title: P () Delete
Name: SANDERS, JAMES V. JR.
Address: 19870 SW 240 ST
City-St-Zip: HOMESTEAD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JAMES V. SANDERS JR.

PRES

07/07/2005

Electronic Signature of Signing Officer or Director

_____ Date