

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 686685

1. Entity Name
LANCASTER-PLEASANT RUN FARMS, INC.



Principal Place of Business
**4417 BEACH BLVD.
200
JACKSONVILLE, FL 32207 US**

Mailing Address
**4417 BEACH BLVD.
200
JACKSONVILLE, FL 32207 US**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2874076

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS, PHILIP B JR
3728 PHILLIPS HWY 39
JACKSONVILLE, FL 32207**

**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

Signature, typed or printed name of registered agent and title if applicable

(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	PTD
NAME	PHILLIPS, PHILIP B JR
STREET ADDRESS	3728 PHILLIPS HWY 39
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	S
NAME	RICKS, ALEX J
STREET ADDRESS	601 RIVERSIDE AVE, 11TH FLOOR
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	D
NAME	VON DONNERSMARCK, WINIFRIED
STREET ADDRESS	TALSTRASSE 66
CITY-ST-ZIP	CH 8001 ZURICH, SW
TITLE	D
NAME	ULLRICH, WALTER
STREET ADDRESS	AM VEILOCHENBERG 12
CITY-ST-ZIP	D-8521 SPARDORF, GE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000222033
02/09/05-80054-024 150.00

**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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05 (904) 396-9960
Date Daytime Phone #