

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90028 036 \*\*\*150.00

**DOCUMENT # 686685**

1. Entity Name

LANCASTER-PLEASANT RUN FARMS, INC.



Principal Place of Business

Mailing Address

4417 BEACH BLVD.  
200  
JACKSONVILLE FL 32207  
US

4417 BEACH BLVD.  
200  
JACKSONVILLE FL 32207  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2874076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Delete  
NAME PHILLIPS, PHILIP B JR  
STREET ADDRESS 3728 PHILLIPS HWY 39  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE P/T ☐ Change ☒ Addition  
NAME Von Donnersmarck, Winfried H.  
STREET ADDRESS Talstrasse 66  
CITY-ST-ZIP Zurich, Switzerland CH 8001

TITLE S ☐ Delete  
NAME RICKS, ALEX J  
STREET ADDRESS 601 RIVERSIDE AVE, 11TH FLOOR  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME VON DONNERSMARCK, WINIFRIED  
STREET ADDRESS TALSTRASSE 66  
CITY-ST-ZIP CH 8001 ZURICH SW

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Talstrasse 66  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ULLRICH, WALTER  
STREET ADDRESS AM VEILCHENBERG 12  
CITY-ST-ZIP D-8521 SPARDORF GE

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 like empowered.

SIGNATURE:

*Alex J. Ricks*

2/17/06

(904) 854-8759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #