

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90025 050 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 686685</b> 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2874076	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  PHILLIPS, PHILIP B JR 3728 PHILLIPS HWY 39 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name <b>Michael L. Wood</b> Street Address (P.O. Box Number is Not Acceptable) 4417 Beach Blvd., Suite 200 City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32207</b>		
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 <u>Michael L. Wood</u> <i>Michael L. Wood</i> DATE <u>1/25/08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VON DONNERSMARCK, WINFRIED H TALSTRASSE 66 ZURICH, SW 8001	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICKS, ALEX J 601 RIVERSIDE AVE, 11TH FLOOR JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON DONNERSMARCK, WINFRIED TALSTRASSE 66 CH 8001-ZURICH, SW	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULLRICH, WALTER AM VEILCHENBERG 12 D-8521 SPARDORF, GE	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Alex J. Ricks</u> <small>SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/31/08</u> Daytime Phone # <u>(904) 854-8759</u>		

66002675



01082008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2874076 Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name **Michael L. Wood**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4417 Beach Blvd., Suite 200**  
 City **Jacksonville** **FL** Zip Code **32207**

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 Michael L. Wood *Michael L. Wood* DATE 1/25/08  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$350.00**

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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
VON DONNERSMARCK, WINFRIED H  
TALSTRASSE 66  
ZURICH, SW 8001

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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VON DONNERSMARCK, WINFRIED  
TALSTRASSE 66  
CH 8001-ZURICH, SW

TITLE  
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TITLE  
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CITY-ST-ZIP  
D  
ULLRICH, WALTER  
AM VEILCHENBERG 12  
D-8521 SPARDORF, GE

TITLE  
NAME  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/31/08 Daytime Phone # (904) 854-8759