


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H95414</b> 1. Entity Name SOUTH OAKS FARMS, INC.	
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Principal Place of Business % LAUREEN S. FORD 12009 N.E. 8TH COURT OCALA, FL 34479 US	Mailing Address % LAUREEN S. FORD 12009 N.E. 8TH COURT OCALA, FL 34479 US
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**DO NOT WRITE IN THIS SPACE**



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2650263	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

FORD, LAUREEN S.  
12009 N.E. 8TH COURT  
OCALA, FL 34479

**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 reinstalling)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, LAUREEN S. 12009 N.E. 8TH COURT OCALA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATTHEW, SIDNEY 135 S MONROE ST #100 TALLAHASSEE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DONNELLY, SUSAN 225 CHARTLEY DT REISTERSTOWN, MD
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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03/21/05-80042-002 150.00

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 like empowered.

**SIGNATURE:** Laureen Ford **LAUREEN FORD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05 (352) 629-1427

Date

Daytime Phone #