2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # H95414

1. Entity Name
SOUTH OAKS FARMS, INC.

Principal Place of Business	Mailing Address
% LAUREEN S. FORD 12009 N.E. 8TH COURT OCALA, FL 34479 US	% LAUREEN S. FORD 12009 N.E. 8TH COURT OCALA, FL 34479 US

02142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2650263
☐ Applied For
☐ Not Applicable

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000859568
04/02/08-80028-011 150.00

10. OFFICERS AND DIRECTORS

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

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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: Laureen Ford LAUREEN FORD 3/8/08 (352) 629-1407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #