

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90040 045 ***150.00

DOCUMENT # J34715

1. Entity Name
SUNDANCE GROWERS, INC.



Principal Place of Business
**4910 U.S. HIGHWAY 415
SUN CITY, FL 33586**

Mailing Address
**P.O. BOX 7357
SUN CITY, FL 33586**

50016056



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1713726

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MARRA, MARTIN
4910 U.S. HIGHWAY 415
SUN CITY, FL 33586**

**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 PD
NAME WEISS, RUSSELL
STREET ADDRESS 40 INLET VIEW
CITY-ST-ZIP EAST MORICHES, NY 11940

TITLE VPD
NAME WEISS, KIRK
STREET ADDRESS PO BOX 472
CITY-ST-ZIP CENTER MORICHES, NY 11934

TITLE TD
NAME WEISS, WAYNE
STREET ADDRESS PO BOX 9
CITY-ST-ZIP EAST MORICHES, NY 11940

TITLE S
NAME MARRA, MARTIN
STREET ADDRESS 4910 US 41 S
CITY-ST-ZIP SUN CITY, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #