

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90013 047 \*\*\*150.00

**DOCUMENT # J38255**

1. Entity Name  
**SUGAR CANE SERVICES, INC.**



Principal Place of Business

% WILLIAM R. KENNEDY  
1797 BACOM POINT RD  
PAHOKEE, FL 33476

Mailing Address

% WILLIAM R. KENNEDY  
1797 BACOM POINT RD  
PAHOKEE, FL 33476

40040128



03132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2749384**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KENNEDY, WILLIAM R.  
1797 BACOM POINT RD  
PAHOKEE, FL 33476

**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, 2007 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  
DP  
KENNEDY, WILLIAM R.  
1797 BACOM POINT RD  
PAHOKEE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
KENNEDY, DIANE H.  
1797 BACOM POINT RD  
PAHOKEE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
KENNEDY, WILLIAM K  
2543 BACOM POINT ROAD  
PAHOKEE, FL 33476

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*Diane H Kennedy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.16.07 561.924.7946

Date

Daytime Phone #