

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90011 029 \*\*\*150.00

<b>DOCUMENT # K54048</b> 1. Entity Name <b>SUNRIDGE FERNERIES, INC.</b>			
Principal Place of Business 824 REYNOLDS ROAD P O BOX 1717 DELEON SPRINGS, FL 32130		Mailing Address 824 REYNOLDS ROAD P O BOX 1717 DELEON SPRINGS, FL 32130	
2. Principal Place of Business <b>13156 SW 164th Ave.</b>		3. Mailing Address <b>13156 SW 164th Ave</b>	
Suite, Apt. #, etc. <b>P.O. Box 787</b>		Suite, Apt. #, etc. <b>P.O. Box 787</b>	
City & State <b>Cedar Key, Florida</b>		City & State <b>Cedar Key, Florida</b>	
Zip <b>32625-0787</b>		Zip <b>32625-0787</b>	
Country		Country	
4. FEI Number <b>59-2922370</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAWRENCE, J.R.</b> <b>824 REYNOLDS RD</b> <b>DELEON SPRINGS, FL 32130</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>13156 SW 164th Avenue</b> City <b>Cedar Key, FL 32625</b> <b>FL</b> Zip Code	
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 obligation of registered agent. SIGNATURE <u><i>J.R. Lawrence</i></u> <b>J.R. Lawrence</b> <b>March 1, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWRENCE, J.R. 13156 SW 164TH AVE CEDAR KEY, FL 32625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAWRENCE, PATRICIA A. 13156 SW 164TH AVE CEDAR KEY, FL 32625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>J.R. Lawrence</i></u> <b>J.R. LAWRENCE</b>		<b>03/01/2004</b> <b>352/543-9195</b> <small>Date Daytime Phone</small>	