

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 08:00 A**  
**Secretary of State**

DOCUMENT # P00000053474

1. Entity Name  
SUNNYSIDE TREE FARM, INC.



Principal Place of Business  
6750 TUSCAWILLA DRIVE  
LEESBURG, FL 34748

Mailing Address  
6750 TUSCAWILLA DRIVE  
LEESBURG, FL 34748



01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3650189

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

STOKES, BERYL N III  
6750 TUSCAWILLA DRIVE  
LEESBURG, FL 34748

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) 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	P
NAME	STOKES, BERYL N III
STREET ADDRESS	6750 TUSCAWILLA DRIVE
CITY, ST, ZIP	LEESBURG, FL 34748
TITLE	ST
NAME	STOKES, KAREN K
STREET ADDRESS	6750 TUSCAWILLA DRIVE
CITY, ST, ZIP	LEESBURG, FL 34748
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

U000000214406  
02/04/05-800009-017 150.00

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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: Karen K. Stokes (Karen K. Stokes) 1/31/05 352-728-0980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #