



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
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		
DO NOT WRITE IN THIS SPACE			
		01222007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3650189	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOKES, BERYL N III 6750 TUSCAWILLA DRIVE LEESBURG, FL 34748		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000608675 02/01/07-80020-007 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STOKES, BERYL N III 6750 TUSCAWILLA DRIVE LEESBURG, FL 34748		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST STOKES, KAREN K 6750 TUSCAWILLA DRIVE LEESBURG, FL 34748		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <i>Karen K Stokes (Karen K. Stokes)</i>		Date: <i>1/24/07</i>	Daytime Phone #: <i>352-728-0980</i>