

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000018479

1. Entity Name
SUNDOWN CREEK FARMS, INC.



Principal Place of Business
2472 DENNIS STREET
JACKSONVILLE, FL 32204

Mailing Address
2472 DENNIS STREET
JACKSONVILLE, FL 32204

FILED
Jan 12, 2004 08:00 AM
Secretary of State



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3711101

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FALCONETTI, ROBERT J
2472 DENNIS STREET
JACKSONVILLE, FL 32204

**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, 2004 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	PCEO FALCONETTI, ROBERT J 2972 DENNIS STREET JACKSONVILLE, FL 32204
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01/12/04-80025-019 150.00

**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 507, 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:

Robert J. Falconetti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/4

Date

904-354-2818

Daytime Phone #