## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000063910

Entity Name: SUN SPICED FARMS, INC.

TEMPLE, ROBERT M

5420 SOUTH FARM POINT

HOMOSASSA, FL 34446 US

Name:

Address:

City-St-Zip:

FILED Apr 20, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5420 SOUTH FARM POINT HOMOSASSA, FL 34446 US **Current Mailing Address: New Mailing Address:** 5420 SOUTH FARM POINT HOMOSASSA, FL 34446 US FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TEMPLE, SHEILA C 5420 SOUTH FARM POINT HOMOSASSA, FL 34446 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS ( ) Delete () Change () Addition TEMPLE, SHEILA C Name: Name: 5420 SOUTH FARM POINT Address: Address: City-St-Zip: HOMOSASSA, FL 34446 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: TEMPLE, ROBERT M Name: 5420 SOUTH FARM POINT Address: Address: HOMOSASSA, FL 34446 US City-St-Zip: City-St-Zip: Title: Title: TRFA () Delete () Change () Addition TEMPLE, SHEILA C Name: Name: 5420 SOUTH FARM POINT Address: Address: City-St-Zip: HOMOSASSA, FL 34446 US City-St-Zip: Title: SECR ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SHEILA C. TEMPLE PRES 04/20/2008