

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000004469

1. Entity Name
SAWGRASS FARM, INC.



FILED

08 JUL 28 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FL 32301



07242008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0384134

Applied For
Not Applicable

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

Principal Place of Business
7355 69TH ST.
VERO BEACH, FL 32967 US

Mailing Address
7355 69TH ST
VERO BEACH, FL 32967 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LLOYD, ROBIN A
3545 OCEAN DRIVE SUITE 201
VERO BEACH, FL 32963

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
VAN WORMER, CARY B
7355 69TH STREET
VERO BEACH, FL 32967 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
VAN WORMER, HARRY C., JR.
3545 Ocean Dr., Suite 201
Vero Beach, FL 32963 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Harry C. Van Wormer, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry C. Van Wormer, Jr., Pres. 7/21/2008

Date 772-234-5500

207/28