


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

Jul 07, 2004
Secret

DOCUMENT # P94000051465 1. Entity Name SOMMERSBY FARMS, INC.	
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Principal Place of Business 1965 BROOKS LN OVIEDO, FL 32765	Mailing Address 1965 BROOKS LN OVIEDO, FL 32765
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07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3254615	Applied For <input checked="" 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 GRANITO, MARGARET P 7139 TIMBER DR WINTER PARK, FL 32792
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**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
Due by September 8, 2004

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be
 Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENRETTE, GLORIA 1965 BROOKS LN OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENRETTE, ADDISON 1965 BROOKS LN OVIEDO, FL 32765
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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: Gloria Jenrette - GLORIA JENRETTE 7-2-04 407-970-8551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #