

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 18, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90022 009 \*\*\*150.00

**DOCUMENT # P96000067050**

1. Entity Name  
**SUN & FARM GROCERY CORP.**



Principal Place of Business

**15005 BALM ROAD  
BALM, FL 33503**

Mailing Address

**P.O. BOX 646  
BALM, FL 33503**

**66014393**



**DO NOT WRITE IN THIS SPACE**

02012008 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-3395549**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LAIMA, NISA  
15005 BALM ROAD  
BALM, FL 33503**

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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  
**P  
LAIMA, KANOAN  
15005 BALM ROAD  
BALM, FL 33503**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

*Karson Lewis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/12/08*  
Date

*(813) 634 6861*  
Daytime Phone