

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000068047

1. Entity Name
S.A.C.K. FARMS, INC.



Principal Place of Business
5802 THONOTASASSA ROAD
PLANT CITY, FL 33564 US

Mailing Address
2305 SYDNEY DOVER RD
DOVER, FL 33527 US



03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3397631

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARDSON, ROSALIE
2305 SIDNEY-DOVER ROAD
DOVER, FL 33527

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME WILLIAMSON, SAMUEL D
STREET ADDRESS 2305 SIDNEY-DOVER ROAD
CITY-ST-ZIP DOVER, FL 33527

TITLE D
NAME WILLIAMSON, ANNA M
STREET ADDRESS 2305 SIDNEY-DOVER ROAD
CITY-ST-ZIP DOVER, FL 33527

TITLE D
NAME MILLER, CLINT F
STREET ADDRESS 235 SAN JUAN ROAD
CITY-ST-ZIP WATSONVILLE, CA 95076

TITLE D
NAME MILLER, KAREN V
STREET ADDRESS 235 SAN JUAN ROAD
CITY-ST-ZIP WATSONVILLE, CA 95076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000285020
04/02/05-80028-012 150.00

**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 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:

Samuel D. Williamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/28/05

Daytime Phone #