

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-04-2006 90254 039 ***150.00

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1. Entity Name
SANDERS FARMS OF OCALA, INC.



Principal Place of Business
**5950 SW 6 PL
OCALA, FL 34474 US**

Mailing Address
**5950 SW 6 PL
OCALA, FL 34474 US**

66018892



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3516627

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANDERS, TOM
5765 N.W. 110 STREET
OCALA, FL 34482**

**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 re-registering)

DATE

4-26-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
S
NAME
SANDERS, JENNIFER
STREET ADDRESS
5785 NW 110 ST
CITY - ST - ZIP
OCALA, FL 34482

TITLE
VP
NAME
SANDERS, KERK
STREET ADDRESS
5785 NW 110 ST
CITY - ST - ZIP
OCALA, FL 34482

TITLE
P
NAME
SANDER, TOM
STREET ADDRESS
5765 NW 110TH ST
CITY - ST - ZIP
OCALA, FL 34482

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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 507, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06

352-873-8660

Date

Daytime Phone #