


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000100975</b> 1. Entity Name <b>SLEEPY OAKS FARM, INC.</b>	
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Principal Place of Business <b>925 COWART ROAD PLANT CITY FL 33567</b>	Mailing Address <b>925 COWART ROAD PLANT CITY FL 33567</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip	Country

1st MOORE      CR2E034 (10/07)

<b>6. Name and Address of Current Registered Agent</b>  <b>IGLESIAS, DARDO RAUL 925 COWART ROAD PLANT CITY FL 33567</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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4. FEI Number <b>59-3550679</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when removing p) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	PST IGLESIAS, DARDO RAUL	
STREET ADDRESS	925 COWART ROAD	
CITY - ST - ZIP	PLANT CITY FL 33567	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_  
Disclose Page #