

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000024469

Entity Name: SUNSET SUGAR FARMS, INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

C/O C.J. KIP JACOBY
700 20TH ST.
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

C/O C.J. KIP JACOBY
700 20TH ST.
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 59-3637379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBY, C.J. K
700 20TH ST.
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILSON, JR., CHARLES F
Address: 380 US HWY 27 NORTH
City-St-Zip: SOUTH BAY, FL 33493

Title: DV () Delete
Name: DAVIS, JEFFERY L
Address: 380 US HWY 27 NORTH
City-St-Zip: SOUTH BAY, FL 33493

Title: DVT () Delete
Name: KIRSTEIN, ROBERT
Address: 21250 US HWY 27 SOUTH
City-St-Zip: SOUTH BAY, FL 33493

Title: DVS () Delete
Name: LORENZ, MICHAEL
Address: 21250 US HWY 27 SOUTH
City-St-Zip: SOUTH BAY, FL 33493

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES F. WILSON, JR.

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04/28/2005

Electronic Signature of Signing Officer or Director

Date