

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000080644

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: HESPERIDES, INC.

**Current Principal Place of Business:**

450 N. WYMORE RD.  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

450 N. WYMORE RD.  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 52-1218886      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

W&P SERVICES, INC.  
450 N. WYMORE RD.  
WINTER PARK, FL 32789      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: D      ( ) Delete  
Name: MENDES, ELZA  
Address: P. O. BOX 941569  
City-St-Zip: MAITLAND, FL 32794

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D, S      (X) Change ( ) Addition  
Name: MENDES, ELZA  
Address: P. O. BOX 941569  
City-St-Zip: MAITLAND, FL 32794

Title: P      ( ) Change (X) Addition  
Name: FELLOUS, ELIZABETH  
Address: P.O. BOX 941569  
City-St-Zip: MAITLAND, FL 32794

Title: VP,T      ( ) Change (X) Addition  
Name: FELLOUS, HECTOR  
Address: P.O. BOX 941569  
City-St-Zip: MAITLAND, FL 32794

Title: EVP      ( ) Change (X) Addition  
Name: MENDES, ELZA  
Address: P. O. BOX 941569  
City-St-Zip: MAITLAND, FL 32794

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ELZA MENDES

S

02/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date