2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 142303

Entity Name: DIAMOND R FERTILIZER CO., INC.

FILED Mar 13, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
4100 GLADES ROAD FT. PIERCE, FL 349814711				4100 GLADES CUT-OFF ROAD FT. PIERCE, FL 349814711				
Current Mailing Address:				New Mailing Address:				
4100 GLADES ROAD FT. PIERCE, FL 349814711				4100 GLADES CUT-OFF ROAD FT. PIERCE, FL 349814711				
FEI Number:	59-0593514	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desi	red ()	
Name and Address of Current Registered Agent: Name					lame and Address of New Registered Agent:			
MIKLES, MIKE 4100 GLADES ROAD FT PIERCE, FL 34981 US				MIKLES, MIKE 4100 GLADES CUT-OFF ROAD FT PIERCE, FL 34981 US				
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:				03/13/2008				
Election Cam		c Signature of Registered Agen Trust Fund Contribution ().	t			Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	S () E SCOTT, KEN PO BOX 2457 FORT PIERCE, F	Delete L 34954		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	VC () E ROPER, BERT P.O. BOX 770218 WINTER GARDE			Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	P () E MIKLES, MIKE 1400 GLADES RO FORT PIERCE, F			Title: Name: Address: City-St-Zip:	P (X) MIKLES, MIKE 1400 GLADES (FORT PIERCE,			
Title: Name: Address: City-St-Zip:	C () C CHILDS, ROY 700 SE FEDERA STUART, FL 349			Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	T () E CASSENS, STEV P.O. BOX 770218 FT. PIERCE, FL	В		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	V ()E KAY, TRACY 4100 GLADES RI FT. PIERCE, FL			Title: Name: Address: City-St-Zip:	V (X) KAY, TRACY 4100 GLADES OFT. PIERCE, FL			

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: MIKE MIKLES P 03/13/2008