

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 142303

FILED  
Apr 14, 2011  
Secretary of State

Entity Name: DIAMOND R FERTILIZER CO., INC.

**Current Principal Place of Business:**

4100 GLADES CUT-OFF ROAD  
FT. PIERCE, FL 349814711

**New Principal Place of Business:**

4100 GLADES CUT-OFF ROAD  
FT. PIERCE, FL 34981

**Current Mailing Address:**

4100 GLADES CUT-OFF ROAD  
FT. PIERCE, FL 349814711

**New Mailing Address:**

FEI Number: 59-0593514

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUDSON, MIKE  
4100 GLADES CUT-OFF ROAD  
FT PIERCE, FL 34981 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

**OFFICERS AND DIRECTORS:**

Title: S  
Name: SCOTT, KEN  
Address: PO BOX 2457  
City-St-Zip: FORT PIERCE, FL 34954

Title: P  
Name: HUDSON, MIKE  
Address: 4100 GLADES CUT-OFF ROAD  
City-St-Zip: FORT PIERCE, FL 34981

Title: C  
Name: MINTON, JOHN  
Address: P O BOX 670  
City-St-Zip: FORT PIERCE, FL 34954

Title: T  
Name: CASSENS, STEVE  
Address: P.O. BOX 770218  
City-St-Zip: FT. PIERCE, FL 34954

Title: V  
Name: KAY, TRACY  
Address: 4100 GLADES CUT-OFF RD.  
City-St-Zip: FT. PIERCE, FL 34981

I hereby 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 all other like empowered.

SIGNATURE: MIKE HUDSON

P

04/14/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date