

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 198087

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: SYFRETT FEED CO., INC.

**Current Principal Place of Business:**

3079 NORTHWEST EIGHTH STREET  
OKEECHOBEE, FL 34972 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1287  
OKEECHOBEE, FL 349731287

**New Mailing Address:**

FEI Number: 59-0790163

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SYFRETT, CHARLES B  
3079 NW 8TH STREET  
OKEECHOBEE, FL 34972 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: PD ( ) Delete  
Name: SYFRETT, CHARLES B  
Address: 501 SW. 28 TERR  
City-St-Zip: OKEECHOBEE, FL 34974

Title: STD ( ) Delete  
Name: MONTES DE OCA, MELISSA S  
Address: 2185 SW 22ND CIRCLE N  
City-St-Zip: OKEECHOBEE, FL 34974

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

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 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: MELISSA S. MONTES DE OCA

STD

04/14/2009

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

\_\_\_\_\_  
Date