

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 232797

FILED
Apr 11, 2007
Secretary of State

Entity Name: ALICO, INC.

Current Principal Place of Business:

640 SOUTH MAIN STREET
LA BELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 338
LA BELLE, FL 33975

New Mailing Address:

FEI Number: 59-0906081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALEXANDER, JOHN R
640 SOUTH MAIN STREET
LA BELLE, FL 33935 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: CASWELL, LEE
Address: 3495 PIEDMONT ROAD SUITE 900
City-St-Zip: ATLANTA, GA 30305

Title: DC () Delete
Name: ALEXANDER, JOHN R
Address: 640 S MAIN ST
City-St-Zip: LABELLE, FL 33975

Title: CFO () Delete
Name: MURPHY, PATRICK W
Address: 640 S MAIN ST
City-St-Zip: LA BELLE, FL 33935

Title: D () Delete
Name: DINGLE, PHILLIP S
Address: 4516 W WATROUS AVENUE
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: MUTZ, GREGORY T
Address: 125 S. WACKER DRIVE, SUITE 3100
City-St-Zip: CHICAGO, IL 60606

Title: D () Delete
Name: TROUTMAN, BAXTER G
Address: P.O. BOX 1043
City-St-Zip: WINTER HAVEN, FL 33882

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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: PATRICK W. MURPHY

CFO

04/11/2007

Electronic Signature of Signing Officer or Director

_____ Date