

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 232797

FILED  
Apr 23, 2008  
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  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ALEXANDER, JOHN D  
Address: 640 SOUTH MAIN STREET  
City-St-Zip: LABELLE, FL 33935

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: PATRICK W MURPHY

CFO

04/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date