


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 460756</b>	
1. Entity Name RENFROE PECAN CO	

Principal Place of Business 2400 W. FAIRFIELD DR. P.O. BOX 17977 (32522) PENSACOLA, FL 32505	Mailing Address 2400 W. FAIRFIELD DR. P.O. BOX 17977 (32522) PENSACOLA, FL 32505
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**DO NOT WRITE IN THIS SPACE**



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1553873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  RENFROE JR, JOHN W 695 TENNYSON PL PENSACOLA, FL 32503	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when restating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RENFROE JR, JOHN W 695 TENNYSON PL PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD RENFROE, LILLIAN 695 TENNYSON PL PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD RENFROE, MARY D 4200 KARMICH PL PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RENFROE, JOHN W III 4185 BAISDEN RD PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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04/16/07-80023-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

**SIGNATURE:**  **4/4/07 (850) 478-9405**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #