


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 460756 1. Entity Name RENFROE PECAN CO	
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FILED
Jul 11, 2008 08:00 AM
Secretary of State

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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07082008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent RENFROE JR, JOHN W 695 TENNYSON PL PENSACOLA, FL 32503	
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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.	
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SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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	VPD 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	

U00000954170
07/11/08-80001-025 150.00

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 all other like empowered.

SIGNATURE:  **7/9/08 (850) 438-9405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #