

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 503131

1. Entity Name
SPRINGFIELD GRAIN & SUPPLY, INC.



Principal Place of Business

540 E 3RD STREET
JACKSONVILLE, FL 32206 US

Mailing Address

P. O. BOX 3151
JACKSONVILLE, FL 32206 US



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1687018

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GHIOTO, RONALD T.
1096 E 18TH STREET
JACKSONVILLE, FL 32206

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GHIOTO, RONALD T
STREET ADDRESS P. O. BOX 3151 N/A
CITY-ST-ZIP JACKSONVILLE, FL 00000, 32206

TITLE VD
NAME GHIOTO, GREGORY C
STREET ADDRESS 4359 PINE INLET E
CITY-ST-ZIP JACKSONVILLE, FL 00000, 32277

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

Gregory C. Ghioto

4/26/2008

904-354-7634