2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 752787

Entity Name: INDUSTRIAL COMPLEX OF RAIFORD, INC.

Current Principal Place of Business:

P. O. BOX 368
RAIFORD, FL 32083

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 368
RAIFORD, FL 32083

New Mailing Address:

FEI Number: 59-2134008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFIS, J. D
SR 121 ON TH CR 229
CENTRAL AVENUE
RAIFORD, FL 32083 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

OFFICERS AND DIRECTORS:

Title: C D ( ) Delete
Name: GRIFFIS, J D
Address: P O BOX 98 NA
City-St-Zip: RAIFORD, FL 32083

Title: STD ( ) Delete
Name: GRIFFIS, GREG
Address: P O BOX 569 NA
City-St-Zip: LAWTEY, FL 32058

Title: DP ( ) Delete
Name: GRIFFIS, RESSIE
Address: RT 1 BOX 386G
City-St-Zip: LAKE BUTLER, FL 32054

Title: VPD ( ) Delete
Name: GRIFFIS, RICHARD
Address: P.O. BOX 275
City-St-Zip: KEYSTONE HEIGHTS, FL 33656

Title: VSTD ( ) Delete
Name: SHADD, LOWELL
Address: P.O. BOX 506
City-St-Zip: LAKE BUTLER, FL 32054

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY A. KUZEL ACCT 04/29/2009

Electronic Signature of Signing Officer or Director — Date