

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790208

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: FLORIDA PLANTERS, INC.

**Current Principal Place of Business:**

205 N. DANCY AVE.  
HASTINGS FLA, 32145

**New Principal Place of Business:**

1305 ST JOHNS AVE  
PALATKA, FL 32177

**Current Mailing Address:**

P.O. BOX 246  
HASTINGS, FL 32145

**New Mailing Address:**

FEI Number: 59-0247680      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUPONT, C E  
MILL STREET  
EAST PALATKA, FL 32131      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: ST      ( ) Delete  
Name: CANADAY, MARY E.  
Address: 7610 BEACH ROAD  
City-St-Zip: HASTINGS, FL 32145

Title: VPD      ( ) Delete  
Name: DUPONT, C.E.  
Address: MILL STREET  
City-St-Zip: EAST PALATKA, FL 32131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MARY E CANADAY

ST

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date