

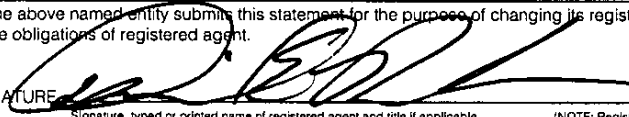
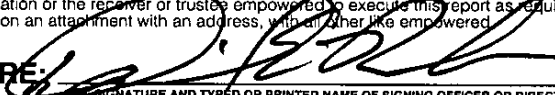


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 8:00 am
Secretary of State

01-06-2005 90001 036 ****61.25

DOCUMENT # 790854 1. Entity Name FLORIDA SWEET CORN EXCHANGE					
Principal Place of Business 4401 E COLONIAL DR. P.O. BOX 140155 ORLANDO, FL 32814-7155			Mailing Address 4401 E COLONIAL DR. P.O. BOX 140155 ORLANDO, FL 32814-7155		
2. Principal Place of Business 800 Trafalgar Court Suite, Apt. #, etc. Suite 200 City & State Maitland, FL Zip 32751		3. Mailing Address P.O. Box 1948153 Court Suite, Apt. #, etc. City & State Maitland, FL Zip 32794-8153			
Country USA		Country USA		4. FEI Number 59-0993434	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RAWERSON, DANNY 4401 EAST COLONIAL DRIVE ORLANDO, FL 32814			7. Name and Address of New Registered Agent Name Danny Raulerson Street Address (P.O. Box Number is Not Acceptable) 800 Trafalgar Court, Suite 200 City Maitland FL Zip Code 32751		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: right;"> 1-3-05 <small>DATE</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HOLT, TOMMY 457 OLD COUNTRY ROAD WEST PALM BEACH, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete THOMPSON, JOE E P.O. BOX 1370 LOXAHATCHEE, FL 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROGERS, SAMMY P.O. BOX 70 SOUTH BAY, FL 33493	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete RAWLERSON, DANNY 4401 E. COLONIAL DR. ORLANDO, FL 32814	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGR Raulerson, Danny 800 Trafalgar Court, Ste. 200 Maitland, FL 32751		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HUNDLEY, JOHN S P.O. BOX H LOXAHATCHEE, FL 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TYSON, BENTON P.O. BOX 880 BELLE GLADE, FL 334300880	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE  Daniel E Raulerson 1-3-05 321-214-5200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					