

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 790854 1. Entity Name FLORIDA SWEET CORN EXCHANGE	
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Principal Place of Business 800 TRAFALGAR COURT STE 200 MAITLAND, FL 32751	Mailing Address PO BOX 948153 MAITLAND, FL 32794-8153
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01052007 No Chg-NP CR2E037 (4/06)

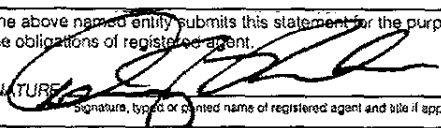
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0993434	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAULERSON, DANNY 800 TRAFALGAR COURT STE 200 MAITLAND, FL 32751

**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)

1/5/2007
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

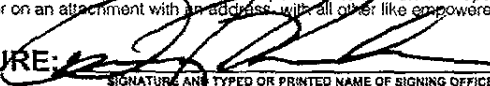
\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLT, TOMMY 457 OLD COUNTRY ROAD WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMPSON, JOE E P.O. BOX 1370 LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALLEN, PAUL P.O. BOX 220 PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAULERSON, DANNY 800 TRAFALGAR COURT STE 200 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUNDLEY, JOHN S P.O. BOX H LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TYSON, BENTON P.O. BOX 880 BELLE GLADE, FL 334300880

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01/12/07-80010-017 61.25

**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 617, 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

1/5/2007
Date

Daytime Phone #