

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 18, 2007**  
**Secretary of State**

DOCUMENT# 791089

**Entity Name:** SUGARLAND HARVESTING CO.**Current Principal Place of Business:**5500 FLAGHOLE ROAD  
CLEWISTON, FL 33440**New Principal Place of Business:****Current Mailing Address:**5500 FLAGHOLE ROAD  
RT 2 BOX 175  
CLEWISTON, FL 33440**New Mailing Address:**5500 FLAGHOLE ROAD  
CLEWISTON, FL 33440**FEI Number:** 59-1902858**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HILLIARD, JOE MARLIN  
5500 FLAGHOLE ROAD  
CLEWISTON, FL 33440 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:** STD ( ) Delete  
**Name:** BERNIE, LESTER  
**Address:** P.O. BOX 338 N/A  
**City-St-Zip:** LABELLE, FL 33935 US**Title:** DV ( ) Delete  
**Name:** DUDA, EDWARD,  
**Address:** HWY 426  
**City-St-Zip:** OVIEDO, FL 00000,**Title:** PD ( ) Delete  
**Name:** HILLIARD, JOE,  
**Address:** 5500 FLAGHOLE ROAD  
**City-St-Zip:** CLEWISTON, FL 33440**Title:** D ( ) Delete  
**Name:** STITT, JOHN  
**Address:** RT. 2, BOX 170  
**City-St-Zip:** CLEWISTON, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** STD (X) Change ( ) Addition  
**Name:** JOHN, STITT  
**Address:** 4513 W US HWY 27  
**City-St-Zip:** CLEWISTON, FL 33440 US**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VP (X) Change ( ) Addition  
**Name:** BOB, BUKER  
**Address:** 111 PONCE DE LEON AVENUE  
**City-St-Zip:** CLEWISTON, FL 33440

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: JOE M HILLIARD

PD

05/18/2007

Electronic Signature of Signing Officer or Director

Date