


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # 791089 1. Entity Name SUGARLAND HARVESTING CO.	
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Principal Place of Business 5500 FLAGHOLE ROAD CLEWISTON, FL 33440	Mailing Address 5500 FLAGHOLE ROAD CLEWISTON, FL 33440
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02152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1902858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HILLIARD, JOE MARLIN 5500 FLAGHOLE ROAD CLEWISTON, FL 33440	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000881696 04/16/08-80011-005 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHN, STITT 4513 W US HWY 27 CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DUDA, EDWARD HWY 426 OVIEDO, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILLIARD, JOE 5500 FLAGHOLE ROAD CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOB, BUKER 111 PONCE DE LEON AVENUE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Joe M. Hilliard 2/2/08 863-983-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #