

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 30, 2009
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
CLEWISTON, FL 33440**New Mailing Address:****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: JOHN, STITT
Address: 4513 W US HWY 27
City-St-Zip: CLEWISTON, FL 33440 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:** VP () Delete
Name: BOB, BUKER
Address: 111 PONCE DE LEON AVENUE
City-St-Zip: CLEWISTON, FL 33440**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** STD (X) Change () Addition
Name: KEN, MCDUFFIE
Address: 111 PONCE DE LEON AVENUE
City-St-Zip: CLEWISTON, FL 33440 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: JOE M HILLIARD

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date