2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# F02000006393

Entity Name: SEGREST FARMS, INC.

Current Principal Place of Business:

% MERIWETHER CAPITAL CORPORATION
30 ROCKEFELLER PLAZA, SUITE 5432
NEW YORK, NY 101120245

New Principal Place of Business:

SEGREST FARMS INC
6180 BIG BEND ROAD
GIBSONTON, FL 33534

Current Mailing Address:

% MERIWETHER CAPITAL CORPORATION
30 ROCKEFELLER PLAZA, SUITE 5432
NEW YORK, NY 101120245

New Mailing Address:

SEGREST FARMS INC
P.O. BOX 758
GIBSONTON, FL 33534

FEI Number: 56-2306146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SEGREST, ELWYN	
Address:	6180 BIG BEND ROAD	
City-St-Zip:	GIBSONTON, FL 33534	
Title:	DV	( ) Delete
Name:	BRAMLETT, JACK	
Address:	6180 BIG BEND ROAD	
City-St-Zip:	GIBSONTON, FL 33534	
Title:	TSVD	( ) Delete
Name:	PETIT, ROBERT W	
Address:	% 30 ROCKEFELLER PLAZA, SUITE 5432	
City-St-Zip:	NEW YORK, NY 101120245	
Title:	C	( ) Delete
Name:	O' NEILL, GEORGE D	
Address:	% 30 ROCKEFELLER PLAZA, SUITE 5432	
City-St-Zip:	NEW YORK, NY 101120245	
Title:	AS	( ) Delete
Name:	JACKSON, WILLIAM M	
Address:	230 PARK AVENUE, SUITE 1130	
City-St-Zip:	NEW YORK, NY 10169	
Title:	D	( ) Delete
Name:	NASH, CLAUDE	
Address:	30 ROCEFELLER PLAZA, SUITE 5432	
City-St-Zip:	NEW YORK, NY 10112	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN JORDAN CFO 03/24/2008

Electronic Signature of Signing Officer or Director — Date