

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # G64035**

1. Entity Name  
**SOUTHERN COMPOST SUPPLY COMPANY**



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAR 17 PM 2:30

Principal Place of Business  
3801 N.E. 25TH AVENUE  
OCALA, FL 34479 US

Mailing Address  
3801 N.E. 25TH AVENUE  
OCALA, FL 34479 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2310029**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAXWELL, JAMES E**  
3801 N.E. 25TH AVENUE  
OCALA, FL 34479

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**MAXWELL, JAMES E JR.**  
**KNIGHTS GRIFFIN RD**  
**PLANT CITY, FL 33565** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**MAXWELL, DEBBIE**  
**35 S AIR DEPOT TD**  
**DASSEL, MN 55325** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
**000068075800**  
**03/20/06--01001--007 \*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**MAXWELL, JEFF**  
**2219 CFS H6**  
**DASSEL, MN 55325** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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 607, 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:

*James E. Maxwell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #