

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G64035

1. Entity Name  
SOUTHERN COMPOST SUPPLY COMPANY



FILED

08 FEB -4 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 - No P.O. Box #

OCALA

3. Mailing Address

Suite, Apt. #, etc.

OCALA FLORIDA

Suite, Apt. #, etc.

City & State

City & State

Zip

34479

Country

MASSACHUSETTS

Zip

Country

02042008

Chg-P

CR2E034 (12/06)

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

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

7. Name and Address of New Registered Agent

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400118418774**  
**02/20/08--01009--015 \*\*150.00**

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

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

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 #