2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G68849

Entity Name: PERDUE, INC.

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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8443 BAYMEADOWS RD JACKSONVILLE, FL 32256 US

Current Mailing Address: New Mailing Address:

8443 BAYMEADOWS ROAD
JACKSONVILLE, FL 32256 US

8443 BAYMEADOWS RD
JACKSONVILLE, FL 32256 US

FEI Number: 59-2347840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MC ANALLEN, THOMAS

8443 BAYMEADOWS RD

JACKSONVILLE, FL 32256 US

MC CORMACK, VINCENT A
8443 BAYMEADOWS RD
JACKSONVILLE, FL 32256 US

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: VINCENT A. MCCORMACK 01/08/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition HANLEY, LILLIAN G Name: Name: HANLEY, LILLIAN G 4705 RAGGEDY POINT RD 4705 RAGGEDY POINT RD Address: Address: City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: ORANGE PARK, FL 32003

Title: **VPTS** Title: (X) Change () Addition () Delete MAHONEY, KENNETH J Name: Name: MC CORMACK, VINCENT A 5602 DEER FOREST COURT 4845 PRINCESS ANNE LANE Address: Address: JACKSONVILLE, FL 32210 City-St-Zip: GREENSBORO, NC City-St-Zip:

Title: PRES (X) Delete Title: () Change () Addition

 Name:
 MCANALLEN, THOMAS W
 Name:

 Address:
 8 SUNRISE POINT RD.
 Address:

 City-St-Zip:
 LAKE WYLIE, SC
 City-St-Zip:

Title: GM (X) Delete Title: () Change () Addition

 Name:
 MC CORMACK, VINCENT A
 Name:

 Address:
 4845 PRINCESS ANNE LANE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32210
 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: LILLIAN G HANLEY VP S 01/08/2008