


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90073 005 ***150.00

DOCUMENT # J38255	
1. Entity Name SUGAR CANE SERVICES, INC.	

Principal Place of Business % WILLIAM R. KENNEDY 1797 BACOM POINT RD PAHOKEE, FL 33476	Mailing Address % WILLIAM R. KENNEDY 1797 BACOM POINT RD PAHOKEE, FL 33476
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01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2749384	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KENNEDY, WILLIAM R. 1797 BACOM POINT RD PAHOKEE, FL 33476
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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!!! FEES \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KENNEDY, WILLIAM R. 1797 BACOM POINT RD PAHOKEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KENNEDY, DIANE H. 1797 BACOM POINT RD PAHOKEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENNEDY, WILLIAM K 2543 BACOM POINT ROAD PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.18.06 561-924-7946
Date Daytime Phone #