

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002529

Entity Name: MANGROVE SEED, INC.

FILED  
Jan 07, 2008  
Secretary of State

## Current Principal Place of Business:

1519 CLOWER CREEK DR  
SARASOTA, FL 34231

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 2  
SARASOTA, FL 34230

## New Mailing Address:

FEI Number: 20-0849352

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAPICA, DANIEL J  
1519 CLOWER CREEK DRIVE  
SARASOTA, FL 34231 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

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: KAPICA, DANIEL J  
Address: 1519 CLOWER CREEK DRIVE  
City-St-Zip: SARASOTA, FL 34231

Title: CD (X) Delete  
Name: KAPICA, JOSEPH C  
Address: 24949 SANDHILL BLVD  
City-St-Zip: PUNTA GORDA, FL 33983

Title: VC ( ) Delete  
Name: WELCH, WENDELL  
Address: 1200 PORPOISE RD  
City-St-Zip: VENICE, FL 34293

Title: D ( ) Delete  
Name: DUDLEY, KATHERINE  
Address: 1519 CLOWER CREEK DR  
City-St-Zip: SARASOTA, FL 34230

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WELCH, WENDELL  
Address: 1200 PORPOISE RD  
City-St-Zip: VENICE, FL 34293

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL J. KAPICA

PSTD

01/07/2008

Electronic Signature of Signing Officer or Director

Date