2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001746

FILED Jaņ 15, 2<u>00</u>9 Secretary of State

Entity Name: FLORIDA STRAWBERRY PATENT SERVICE CORPORATION

Current Principal Place of Business: New Principal Place of Business:

13138 LEWIS GALLAGHER ROAD DOVER, FL 33527 US

Current Mailing Address: New Mailing Address:

P.O. BOX 2550 P.O. DRAWER 2550

PLANT CITY, FL 33564 US PLANT CITY, FL 33564 US

FEI Number: 59-3197653 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:

RAULERSON, DAN 13138 LEWIS GALLAGHER RD DOVER, FL 33527

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition WILLIFORD, ALLEN WILLIFORD, ALLEN Name: Name: 911 HICKORY FORK DRIVE Address: 911 HICKORY FORK DRIVE Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip: SEFFNER, FL 33584

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

BORCHARD, PATRICK Name: SIMMONS, BILLY Name: Address: P.O. BOX 639 Address: 5112 S. MUDLAKE ROAD City-St-Zip: PLANT CITY, FL 33564 City-St-Zip: PLANT CITY, FL 33567

() Change () Addition

Title: () Delete Title: GROOMS, CARL Name: Name: 3838 FANCY FARMS ROAD Address: Address:

City-St-Zip: PLANT CITY, FL 33566 City-St-Zip:

(X) Change () Addition Title: () Delete Title: Name: JOHNNY, ST.MARTIN Name: MCQUAIG, TRES

3115 S. SAM ASTIN ROAD Address: Address: 5108 S. MUDLAKE ROAD City-St-Zip: PLANT CITY, FL 33567 City-St-Zip: PLANT CITY, FL 33567

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

MAURICE, TURGEAU MAURICE, TURGEAU Name: Name:

7648 NOTTINGTONHILL SKY DRIVE 7648 NOTTINGTONHILL SKY DRIVE Address: Address: City-St-Zip: APOLLO BEACH, FL 33572 City-St-Zip: APOLLO BEACH, FL 33572

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

WILLIAMSON, MICHELLE LOTT, MIKE Name: Name: Address: P.O. BOX 279 Address: 806 E. OLD HILLSBOROUGH AVENUE

DOVER, FL 33527 SEFFNER, FL 33584 City-St-Zip: 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: ALLEN J. WILLIFORD D 01/15/2009

Electronic Signature of Signing Officer or Director

Date