
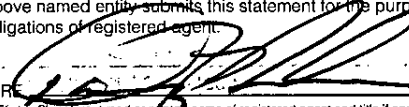
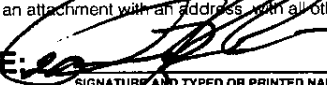


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90052 036 ****61.25

DOCUMENT # N93000003660 1. Entity Name SWEET CORN GROWERS EXCHANGE, INCORPORATED					
Principal Place of Business 4401 E. COLONIAL DRIVE ORLANDO, FL 32814			Mailing Address 4401 E. COLONIAL DRIVE ORLANDO, FL 32814		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent BESS, MIKE 4401 E. COLONIAL DRIVE ORLANDO, FL 32814				7. Name and Address of New Registered Agent Name Danny Rawlerson Street Address (P.O. Box Number is Not Acceptable) 4401 East Colonial Drive City Orlando FL 32814	
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  DATE 1-22-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Handley, John L <input type="checkbox"/> Delete 25849 ST RD 880 BELLE GLADE, FL 33430		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John L. Hundley <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25849 St Rd 880 Belle Glade, FL 33430	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete COX, GLENN 11991 RIVERVIEW RD. CAMILLA, GA 31730		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete HALL, JOSEPH 19620 N. COUNTY RD. 349 O BRIEN, FL 32071		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Delete BESS, MIKE 4401 E. COLONIAL DRIVE ORLANDO, FL 32814		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Danny Rawlerson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4401 E. Colonial Dr. Orlando FL 32814	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete THOMPSON, JOE E 9180 BRANCHVILLE RD. CAMILLA, GA 31730		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BRIDGES, JOHN JR P.O. BOX 753 BRINSON, GA 31725		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: 			1-22-04 Date Daytime Phone #		