
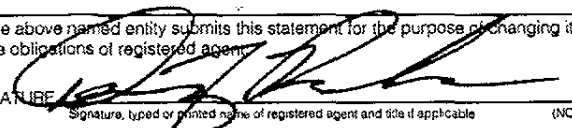
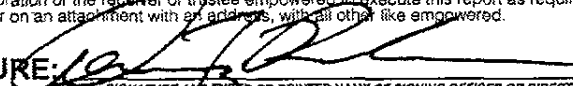


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000003660		
1. Entity Name SWEET CORN GROWERS EXCHANGE, INCORPORATED		
Principal Place of Business 800 TRAFALGAR COURT, SUITE 200 MAITLAND, FL 32751		Mailing Address P.O. BOX 948153 MAITLAND, FL 32794-8153
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RAULERSON, DANNY 800 TRAFALGAR COURT, SUITE 200 MAITLAND, FL 32751		DO NOT WRITE IN THIS SPACE
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 1-8-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUNDLEY, JOHN L 25849 ST RD 880 BELLE GLADE, FL 33430	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP COX, GLENN 11991 RIVERVIEW RD. CAMILLA, GA 31730	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HALL, JOSEPH 19620 N. COUNTY RD. 349 O BRIEN, FL 32071	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAULERSON, DANNY 4401 E. COLONIAL DRIVE ORLANDO, FL 32814	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMPSON, JOE E 9180 BRANCHVILLE RD. CAMILLA, GA 31730	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRIDGES, JOHN JR P.O. BOX 753 BRINSON, GA 31725	
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 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:  DATE 1-8-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3203908	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000583784
01/12/07-80010-016 61.25

**DO NOT WRITE
IN THIS SPACE**