
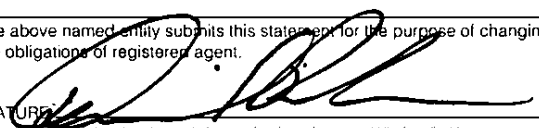



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90042 040 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3203908	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAULERSON, DANNY 800 TRAFALGAR COURT, SUITE 200 MAITLAND, FL 32751				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE 1-4-08	
Filing Fee is \$61.25 Due by May 1, 2008		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 HUNDLEY, JOHN L 25849 ST RD 880 BELLE GLADE, FL 33430	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP COX, GLENN 11991 RIVERVIEW RD. CAMILLA, GA 31730	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HALL, JOSEPH 19620 N. COUNTY RD. 349 O BRIEN, FL 32071	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAULERSON, DANNY 4401 E. COLONIAL DRIVE ORLANDO, FL 32814	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 Trafalgar Court, Suite 200 Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMPSON, JOE E 9180 BRANCHVILLE RD. CAMILLA, GA 31730	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRIDGES, JOHN JR P.O. BOX 753 BRINSON, GA 31725	<input type="checkbox"/> Delete		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 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1-4-08 Daytime Phone # 321-214-5200	

40000385



01042008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAULERSON, DANNY
800 TRAFALGAR COURT, SUITE 200
MAITLAND, FL 32751

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

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O BRIEN, FL 32071**

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**MGR
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4401 E. COLONIAL DRIVE
ORLANDO, FL 32814**

☐ Delete

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☐ Delete

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BRIDGES, JOHN JR
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BRINSON, GA 31725**

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☐ Change ☐ Addition

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**800 Trafalgar Court, Suite 200
Maitland, FL 32751**

☒ Change ☐ Addition

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SIGNATURE 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #