

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030551

FILED
Mar 25, 2009
Secretary of State

Entity Name: SANDERS SEED COMPANY, INC.

Current Principal Place of Business:

8843 JASPERS DRIVE
BOYNTON BEACH, FL 33472

New Principal Place of Business:

9235 W HIGHLANDS PINE DRIVE
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

POST OFFICE BOX 741064
BOYNTON BEACH, FL 334741064

New Mailing Address:

FEI Number: 52-2383491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANDERS, MARK C
8843 JASPERS DRIVE
BOYNTON BEACH, FL 33472 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANDERS, MARK C
Address: POST OFFICE BOX 741064
City-St-Zip: BOYNTON BEACH, FL 334741064

Title: D () Delete
Name: SANDERS, TINA L
Address: POST OFFICE BOX 741064
City-St-Zip: BOYNTON BEACH, FL 334741064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

SIGNATURE: MARK C SANDERS

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03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date