

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135636

FILED
Mar 12, 2009
Secretary of State

Entity Name: MELON KEY GROWERS, INC.

Current Principal Place of Business:

325 SUNSET WAY
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 435
OZONA, FL 34660

New Mailing Address:

FEI Number: 61-1459936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRECO, FRANK J ESQ.
708 SOUTH CHURCH AVE.
TAMPA, FL 33609 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: HATCHER, WILBUR E
Address: P.O. BOX 465
City-St-Zip: OZONA, FL 34660

Title: D () Delete
Name: HATCHER, PATTI BROWER
Address: P.O. BOX 465
City-St-Zip: OZONA, FL 34660

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HATCHER, WILBUR E
Address: 6753 THOMASVILLE RD 108-244
City-St-Zip: TALLAHASSEE, FL 32312

Title: D (X) Change () Addition
Name: HATCHER, PATTI B
Address: 6753 THOMASVILLE RD 108-244
City-St-Zip: TALLAHASSEE, FL 32312

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: PATTI B HATCHER

D

03/12/2009

Electronic Signature of Signing Officer or Director

Date