2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# P04000093749

Entity Name: GLADES AGRICULTURE, INC.

Current Principal Place of Business:

205 SW FIRST STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 700
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 20-1260239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NOWICKI, MARK J
480 MAPLEWOOD DRIVE
SUITE 2
JUPITER, FL 33458 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: P ( ) Delete
Name: KNIGHT, S.N. JR
Address: 5603 PENNOCK POINT ROAD
City-St-Zip: JUPITER, FL 33458

Title: S ( ) Delete
Name: HODGE, SHERYL K
Address: 1303 SE 59TH STREET
City-St-Zip: OCALA, FL 34480

Title: T ( ) Delete
Name: KNIGHT, STEPHEN A
Address: 820 LAGOON LANE
City-St-Zip: LANTANA, FL 33462

Title: VP ( ) Delete
Name: WILLIAMS, STEVEN L
Address: P.O. BOX 700
City-St-Zip: BELLE GLADE, FL 33430

Title: VP ( ) Delete
Name: HODGE, ANNA C
Address: 1303 SE 59TH STREET
City-St-Zip: OCALA, FL 34480

Title: VP ( ) Delete
Name: KNIGHT, DOUGLAS A
Address: P.O. BOX 730
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: STEVEN L. WILLIAMS VP 02/02/2009

Electronic Signature of Signing Officer or Director — Date