

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000002202

FILED  
Jan 24, 2008  
Secretary of State

Entity Name: H & D AGRICULTURE OF BREVARD, INC.

**Current Principal Place of Business:**

9695 MOCKINGBIRD LANE  
SEBASTIAN, FL 32976

**New Principal Place of Business:**

**Current Mailing Address:**

9691 MOCKINGBIRD LANE  
SEBASTIAN, FL 32976

**New Mailing Address:**

9695 MOCKINGBIRD LANE  
SEBASTIAN, FL 32976

FEI Number: 20-2294121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONZALEZ, TINO  
3420 NORTH HARBOR CITY BLVD.  
MELBOURNE, FL 32934 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: DPS ( ) Delete  
Name: BELADI, DONNA L  
Address: 9695 MOCKINGBIRD LANE  
City-St-Zip: SEBASTIAN, FL 32976

Title: VPT ( ) Delete  
Name: BELADI, HAMID  
Address: 9695 MOCKINGBIRD LANE  
City-St-Zip: SEBASTIAN, FL 32976

**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: DONNA L. BELADI

DPS

01/24/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date