

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155200

Entity Name: HARRELL'S FERTILIZER GROUP, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

720 KRAFT ROAD
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

720 KRAFT ROAD
LAKELAND, FL 33815

New Mailing Address:

FEI Number: 20-8106707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DP () Delete
Name: HARRELL, JR., JACK R
Address: 1645 HOLLINGSWORTH CREEK
City-St-Zip: LAKELAND, FL 33803

Title: DST () Delete
Name: HARRELL, NORMA B
Address: 1746 HOLLINGSWORTH OAKS
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: WILSON, SUSAN
Address: 1740 CLARENDON PLACE
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: HARRELL, FRED O
Address: 1639 8TH AVENUE
City-St-Zip: SAN FRANCISCO, CA 94122

Title: D () Delete
Name: STRAWBRIDGE, MARY L
Address: 2119 SE 54TH COURT
City-St-Zip: OCALA, FL 34478

Title: VP () Delete
Name: RUST, GARY
Address: 1501 GRASSLANDS BLVD, UNIT 1
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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Address:
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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: GARY RUST

VP

01/19/2009

Electronic Signature of Signing Officer or Director

Date