2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000033131

BELL, FL 32619

City-St-Zip:

Entity Name: MIKELL FERTILIZER COMPANY

FILED Apr 08, 2009 Secretary of State

y		TERTILIZER COMITAIN		
Current Principal Place of Business:			New Principal Place of Business:	
3219 SW (BELL, FL				
Current Mailing Address:			New Mailing Address:	
	FICE BOX 308 N, FL 32693	3		
FEI Number: 26-2529482 FEI Number Applied For ()		FEI Number Not App	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
114 NE FII TRENTON The above	IEODORE M I RST STREET I, FL 32693 a named entity e of Florida.	US	purpose of changing i	its registered office or registered agent, or both,
SIGNATUI	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Car	mpaign Financii	ng Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title:	MIKELL, DAVI 3219 SW CR BELL, FL 326	232	Title: Name: Address: City-St-Zip: Title:	P/T (X) Change () Addition MIKELL, DAVID 3219 SW CR 232 BELL, FL 32619 US VP/S (X) Change () Addition
Name: Address: City-St-Zip:	MIKELL, JEFF 3340 SW CR BELL, FL 326	FERY L 341	Name: Address: City-St-Zip:	MIKELL, JEFFÉRY L 3340 SW CR 341 BELL, FL 32619 US
Title: Name: Address: City-St-Zip:	S/T (X MIKELL, DAW 3340 SW CR BELL, FL 326	341	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	AS/T (X MIKELL, MAR 3219 SW CR		Title: Name: Address:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: DAVID MIKELL P 04/08/2009