

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S02888

FILED
Jan 21, 2009
Secretary of State

Entity Name: SOUTHERN GARDENS CITRUS PROCESSING CORPORATION

Current Principal Place of Business:

1820 COUNTY ROAD 833
CLEWISTON, FL 33440 US

New Principal Place of Business:

Current Mailing Address:

111 PONCE DE LEON AVENUE
CLEWISTON, FL 33440 US

New Mailing Address:

FEI Number: 65-0316459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNARD, GERARD A
111 PONCE DE LEON AVENUE
CLEWISTON, FL 33440 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: KRESS, RICKE A
Address: 111 PONCE DE LEON AVE.
City-St-Zip: CLEWISTON, FL 33440

Title: V () Delete
Name: CHAPMAN, TRISTAN
Address: 111 PONCE DE LEON AVE
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: WADE, MALCOLM S JR.
Address: 111 PONCE DE LEON AVE
City-St-Zip: CLEWISTON, FL 33440

Title: STD () Delete
Name: BERNARD, GERARD A
Address: 111 PONCE DE LEON AVE
City-St-Zip: CLEWISTON, FL 33440

Title: AT () Delete
Name: PENA, VIRGINIA
Address: 111 PONCE DE LEON AVE
City-St-Zip: CLEWISTON, FL 33440

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:

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: GERARD A. BERNARD

STD

01/21/2009

Electronic Signature of Signing Officer or Director

Date