

FILED
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Secretary of State

04-26-2006 90221 024 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S61326

1. Entity Name
J & J SUGAR HARVESTERS, INC.



Principal Place of Business
**DAVIDSON ROAD AND STATE ROAD 832
P O BOX 70
CLEWISTON, FL 33440**

Mailing Address
**DAVIDSON ROAD AND STATE ROAD 832
P O BOX 70
CLEWISTON, FL 33440**

DO NOT WRITE IN THIS SPACE



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0270578

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MICKLER, ALVA JOE JR.
1834 DAVIDSON ROAD
CLEWISTON, FL**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MICKLER, ALVA JOE JR.
STREET ADDRESS 1834 DAVIDSON ROAD
CITY-ST-ZIP CLEWISTON, FL

TITLE SD
NAME MICKLER, ALVA JOE SR
STREET ADDRESS 1834 DAVIDSON ROAD
CITY-ST-ZIP CLEWISTON, FL

TITLE T
NAME MICKLER, ELENA P.
STREET ADDRESS 1834 DAVIDSON ROAD
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/9/06 Daytime Phone #