

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S61326

FILED  
Apr 03, 2007  
Secretary of State

Entity Name: J & J SUGAR HARVESTERS, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

1834 DAVIDSON RD  
CLEWISTON, FL 33440

## Current Mailing Address:

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

## New Mailing Address:

PO BOX 70  
CLEWISTON, FL 33440

FEI Number: 65-0270578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MICKLER, ALVA JOE JR.  
1834 DAVIDSON ROAD  
CLEWISTON, FL 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: PD ( ) Delete  
Name: MICKLER, ALVA JOE JR  
Address: 1834 DAVIDSON ROAD  
City-St-Zip: CLEWISTON, FL

Title: SD ( ) Delete  
Name: MICKLER, ALVA JOE SR  
Address: 1834 DAVIDSON ROAD  
City-St-Zip: CLEWISTON, FL

Title: T ( ) Delete  
Name: MICKLER, ELENA P.  
Address: 1834 DAVIDSON ROAD  
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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRENDA WHIDDEN

OM

04/03/2007

Electronic Signature of Signing Officer or Director

Date