## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97703

FILED Jan 15, 2009 Secretary of State

Entity Name: FLORIDA MINERAL, SALT AND AGRICULTURAL PRODUCTS, INC.

Current Principal Place of Business: New Principal Place of Business:

4014 N 40TH ST

TAMPA, FL 33610 US

Current Mailing Address: New Mailing Address:

4014 N 40TH ST

TAMPA, FL 33610 US

FEI Number: 59-3097874 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 CLARK, WM MICHAEL
 CLARK, WILLIAM M

 4014 N 40TH ST
 4014 N 40TH ST

 TAMPA, FL 33610
 US

 TAMPA, FL 33610
 US

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: WILLIAM MICHAEL CLARK 01/15/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution (X).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: CLARK, WM MICHAEL Name: CLARK, WILLIAM M

 Name:
 CLARK, WM MICHAEL
 Name:
 CLARK, WILLIAM M

 Address:
 4014 N 40TH ST
 Address:
 4014 N 40TH ST

 City-St-Zip:
 TAMPA, FL 33610 US
 City-St-Zip:
 TAMPA, FL 33610 US

Title: Title: () Delete (X) Change ( ) Addition CLARK, WM. MICHAEL, Name: Name: CLARK, WILLIAM MICH, AEL 4014 N 40TH ST 4014 N 40TH ST Address: Address: TAMPA, FL 33610 US TAMPA, FL 33610 US City-St-Zip: City-St-Zip:

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CLARK, SAMUEL G.,
 Name:

 Address:
 4014 N 40TH ST
 Address:

 City-St-Zip:
 TAMPA, FL 33610 US
 City-St-Zip:

Title: ST () Delete Title: () Change () Addition

 Name:
 CLARK, OSCAR S.,
 Name:

 Address:
 4014 N 40TH ST
 Address:

 City-St-Zip:
 TAMPA, FL 33610 US
 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: WILLIAM MICHAEL CLARK DP 01/15/2009