


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # V33135 1. Entity Name PEANUT GROWERS GROUP, INC.	
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Principal Place of Business 4450 LAFAYETTE STREET MARIANNA, FL 32446	Mailing Address 4291 HWY 273 GRACEVILLE, FL 32440
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3163734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BONDURANT, FRANK E
4450 LAFAYETTE STREET
MARIANNA, FL 32446

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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000912727 02/12/08-80051-002 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, DENNIS R 3453 WOODREST ROAD COTTONDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, WILLIAM F III 4319 CLIFF RD GRACEVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADKISON, KENNETH M 213 NEW PORSPECT RD CHIPLEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, B E JR 3806 OLD HICKORY POND RD COTTONDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: William F. Williams III 1/31/08 850/526-2257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #