


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90069 002 ***150.00

DOCUMENT # 007130

1. Entity Name
PEARSON AGRICULTURAL, INC.



Principal Place of Business Mailing Address

16120 N NEBRASKA AVE **16120 N NEBRASKA AVE**
LUTZ, FL 33549 US **LUTZ, FL 33549 US**

2. Principal Place of Business 3. Mailing Address

1001 Stardust Ln **1001 Stardust Ln**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Lutz FL **Lutz FL**

Zip Country Zip Country

33548 **Hills** **33548** **Hills**



04202005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-0255070 Not Applicable

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

6. Name and Address of Current Registered Agent

PEARSON, R.V., JR.
16120 N NEBRASKA AVE
LUTZ, FL 33549

7. Name and Address of New Registered Agent

Name **John Pearson**
 Street Address (P.O. Box Number is Not Acceptable) **1001 Stardust Ln**
 City **Lutz** FL Zip Code **33548**

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 **John Pearson** Pres **John Pearson** **4/28/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PEARSON, R. V. JR. 16120 N. NEBRASKA AVE. LUTZ, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Pearson John, F 1001 Stardust Ln Lutz FL 33548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: **John Pearson** **John Pearson** **4/28/05** **813-949-6274**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #