

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90008 042 \*\*\*150.00

**DOCUMENT # 498273**  
 1. Entity Name  
**INDEPENDENT AG, INC.**



Principal Place of Business  
**P O BOX 766567**  
**ORLANDO, FL 32867 US**

Mailing Address  
**P O BOX 677567**  
**ORLANDO, FL 32867 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01122004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**59-1673230**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**WOOTEN, JESSE**  
**209 N. GOLDENROD RD**  
**ORLANDO, FL 32867**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 2004 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>WOOTEN, JESSE</b><br><b>3201 S. SCENIC HWY</b><br><b>FROSTPROOF, FL 33843</b> <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>WEBB, DON</b><br><b>312 BUENA VISTA DR.</b><br><b>LAKE ALFRED, FL</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>DAVIS, KEITH</b><br><b>194 WILL DUKE RD</b><br><b>WACHULA, FL</b> <input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MOORE, TOM</b><br><b>HWY 17 92 AT SR 419</b><br><b>SANFORD, FL</b> <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>JACK HARRELL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>P.O. BOX 807</b><br><b>LAKELAND, FL 33802</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>GARY GUTHRIE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>P.O. BOX 877</b><br><b>PALMETTO, FL 34220</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

attachment

**Annual Report  
Filing Instructions**

January 12, 2004

#498273  
44005259

|   |   |
|---|---|
| <b>Prepared for</b>                       | Jesse Wooten<br>Independent Ag., Inc.<br>P.O. Box 677567<br>Orlando, FL 32867   |
| <b>Prepared by</b>                        | Rogers, Scruggs & Hoskins, C.P.A., P.A.<br>209 North Goldenrod Road<br>Orlando, FL 32807  |
| <b>To be signed and dated by</b>          | An officer or director of the corporation on line 11 with date and daytime phone number. In addition, on line 8, the Registered Agent of the corporation must also sign.  |
| <b>Amount to send with annual report</b>  | \$ 150.00   |
| <b>Mail tax return to</b>                 | Division of Corporations<br>PO Box 1500<br>Tallahassee, FL 32302-1500   |
| <b>Return must be mailed on or before</b> | <b>Please do As Soon As Possible.</b> Due date is May 1, 2004 without penalty.  |
| <b>Special instructions</b>               | This return is required to continue your corporation or other business entity in this state. The UBR is a basic form requiring information such as officer names and addresses and an officer signature and check. The fee is normally \$150 for timely filed corporations and increases to \$550 after May 1, 2004. Do not forget to file this required form. Failure to file this form will result in corporate dissolution. If you need any assistance, please call us.<br><b>Please verify all information and file this form with the state immediately.</b> |