


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90059 037 \*\*\*150.00

<b>DOCUMENT # 498273</b>			
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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1673230		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	Vice-Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOTEN, JESSE	NAME	DENNIS Wedgworth
STREET ADDRESS	3201 S. SCENIC HWY	STREET ADDRESS	PO Box 2076
CITY-ST-ZIP	FROSTPROOF, FL 33843	CITY-ST-ZIP	Belle Glade, FL 33430
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARELL, JACK	NAME	Brent Sutton
STREET ADDRESS	PO BOX 807	STREET ADDRESS	P.O. Box 8001
CITY-ST-ZIP	LAKELAND, FL 33802	CITY-ST-ZIP	SANFORD, FL 32772
TITLE	D <input type="checkbox"/> Delete	TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, KEITH	NAME	
STREET ADDRESS	194 WILL DUKE RD	STREET ADDRESS	
CITY-ST-ZIP	WACHULA, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, TOM	NAME	
STREET ADDRESS	HWY 17 92 AT SR 419	STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHERIE, GARY	NAME	
STREET ADDRESS	PO BOX 877	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL 34220	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MIKE SHAW
STREET ADDRESS		STREET ADDRESS	PO Box 357
CITY-ST-ZIP		CITY-ST-ZIP	MAYO, FL 32066
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 fees empowered.			
SIGNATURE: <i>Jesse Wooten</i>		Date: <i>2/16/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>407-282-0073</i>	

40020004



02142005 Chg-P CR2E034 (10/03)

# ATTACHMENT

## Annual Report Filing Instructions

February 14, 2005

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# 498273

<b>Prepared for</b>	Jesse Wooten Independent Ag., Inc. P.O. Box 677567 Orlando, FL 32867
<b>Prepared by</b>	Hoskins & Barbery CPA, LLC 209 North Goldenrod Road Orlando, FL 32807
<b>To be signed and dated by</b>	An officer or director of the corporation on line 12 with date and daytime phone number.
<b>Amount to send with annual report</b>	\$ 150.00
<b>Mail tax return to</b>	Division of Corporations PO Box 1500 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, 2005 without penalty.
<b>Special instructions</b>	This return is required to continue your corporation or other business entity in this state. The Annual Corporation Annual Report 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, 2005. 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. <b>Please verify all information and file this form with the state immediately.</b>