


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90017 036 ***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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1673230	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WOOTEN, JESSE 209 N. GOLDENROD RD ORLANDO, FL 32867				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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOOTEN, JESSE		NAME		
STREET ADDRESS	3201 S. SCENIC HWY		STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF, FL 33843		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARELL, JACK		NAME		
STREET ADDRESS	PO BOX 807		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33802		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, KEITH		NAME	<i>Keith Davis</i>	
STREET ADDRESS	194 WILL DUKE RD		STREET ADDRESS		
CITY-ST-ZIP	WACHULA, FL		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input 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	S	<input type="checkbox"/> Delete	TITLE	<input 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	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEDGWORTH, DENNIS		NAME		
STREET ADDRESS	PO BOX 2076		STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP		
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: <i>Keith Davis</i>			Date: <i>2/12/06</i> Daytime Phone #: <i>863-773-4159</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

Annual Report
Filing Instructions

600 20289
498273

February 9, 2006

Prepared for	Keith Davis Independent Ag., Inc. P.O. Box 677567 Orlando, FL 32867
Prepared by	Hoskins & Barbery CPA, LLC 209 North Goldenrod Road Orlando, FL 32807
To be signed and dated by	An officer or director of the corporation on line 12 with date and daytime phone number.
Amount to send with annual report	\$ 150.00
Mail tax return to	Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500
Return must be mailed on or before	Please do As Soon As Possible. Due date is May 1, 2006 without penalty.
Special instructions	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, 2006. 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. Please verify all information and file this form with the state immediately.