


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90010 019 ***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

40008000



2. Principal Place of Business - No P.O. Box #
926 Lake Baldwin Lane
Suite, Apt. #, etc. Suite B
City & State ORLANDO, FL
Zip 32814 Country USA

3. Mailing Address
926 Lake Baldwin Lane
Suite, Apt. #, etc. Suite B
City & State ORLANDO, FL
Zip 32814 Country USA

01062007 Chg-P CR2E034 (12/06)

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 KEITH DAVIS
Street Address (P.O. Box Number is Not Acceptable)
194 Will Duke Road
City Wauchoola FL Zip Code 33873

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 *Jesse Wooten* DATE 1/16/07

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	WOOTEN, JESSE	
STREET ADDRESS	3201 S. SCENIC HWY	
CITY-ST-ZIP	FROSTPROOF, FL 33843	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARELL, JACK	
STREET ADDRESS	PO BOX 807	
CITY-ST-ZIP	LAKELAND, FL 33802	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, KEITH	
STREET ADDRESS	194 WILL DUKE RD	
CITY-ST-ZIP	WACHULA, FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	MOORE, TOM	
STREET ADDRESS	HWY 17 92 AT SR 419	
CITY-ST-ZIP	SANFORD, FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GUTHERIE, GARY	
STREET ADDRESS	PO BOX 877	
CITY-ST-ZIP	PALMETTO, FL 34220	
TITLE	VC	<input type="checkbox"/> Delete
NAME	WEDGWORTH, DENNIS	
STREET ADDRESS	PO BOX 2076	
CITY-ST-ZIP	BELLE GLADE, FL 33430	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman of the Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brent Sutton	
STREET ADDRESS	P.O. Box 1409	
CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Wauchoola, FL 33873	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Jesse Wooten* DATE 1/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR