
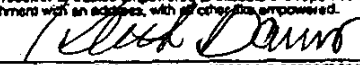


**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

2/1
 02-14-2008 90031 029 ***150.00

DOCUMENT # 498273			
1. Entity Name INDEPENDENT AG, INC.			
Principal Place of Business 926 LAKE BALDWIN LANE STE B ORLANDO, FL 32814 US		Mailing Address 926 LAKE BALDWIN LANE STE B ORLANDO, FL 32814 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-1873230		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 DAVIS, KEITH 194 WILL DUKE RD WAUCHULA, FL 33873		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	T	TITLE	<input 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	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARELL, JACK	NAME	HASKINS, RANDY
STREET ADDRESS	PO BOX 807	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33802	CITY-ST-ZIP	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, KEITH	NAME	
STREET ADDRESS	194 WILL DUKE RD	STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA, FL 33873	CITY-ST-ZIP	
TITLE	C	TITLE	<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 32773	CITY-ST-ZIP	
TITLE	C	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, BRENT	NAME	
STREET ADDRESS	P.O. BOX 1407	STREET ADDRESS	
CITY-ST-ZIP	LAKE ALFRED, FL 33850	CITY-ST-ZIP	
TITLE	VC	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEDGWORTH, DENNIS	NAME	
STREET ADDRESS	PO BOX 2078	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 file 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 changes approved.			
SIGNATURE: 		Keith Davis President 3/12/08 863-773-4159	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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