

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 498273

FILED
Apr 24, 2009
Secretary of State

Entity Name: INDEPENDENT AG, INC.

Current Principal Place of Business:

926 LAKE BALDWIN LANE
STE B
ORLANDO, FL 32814 US

New Principal Place of Business:

Current Mailing Address:

926 LAKE BALDWIN LANE
STE B
ORLANDO, FL 32814 US

New Mailing Address:

FEI Number: 59-1673230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, KEITH
194 WILL DUKE RD
WAUCHULA, FL 33873 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WOOTEN, JESSE
Address: 3201 S. SCENIC HWY
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: HASKINS, RANDY
Address: PO BOX 807
City-St-Zip: LAKELAND, FL 33802

Title: P () Delete
Name: DAVIS, KEITH
Address: 194 WILL DUKE RD
City-St-Zip: WAUCHULA, FL 33873

Title: S () Delete
Name: MOORE, TOM
Address: HWY 17 92 AT SR 419
City-St-Zip: SANFORD, FL 32773

Title: C () Delete
Name: SUTTON, BRENT
Address: P.O. BOX 1407
City-St-Zip: LAKE ALFRED, FL 33850

Title: VC () Delete
Name: WEDGWORTH, DENNIS
Address: PO BOX 2076
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH DAVIS

Electronic Signature of Signing Officer or Director

PRES

04/24/2009

Date