


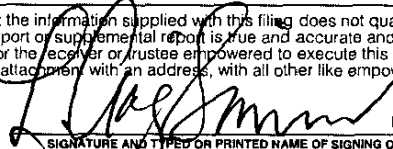
**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90468 050 \*\*\*158.75

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DOCUMENT # F01000002786					
1. Entity Name AGRI-INSURANCE COMPANY, LTD.					
Principal Place of Business 44 CHURCH STREET PO BOX HM 2064 HAMILTON HM HX,			Mailing Address 44 CHURCH STREET PO BOX HM 2064 HAMILTON HM HX,		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 98-0230554	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIMMONS, L. CRAIG 640 SOUTH MAIN STREET LA BELLE, FL 33935			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFIN, BEN H III		NAME		
STREET ADDRESS	640 SOUTH MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	LA BELLE, FL 33935		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LESTER, W. BERNARD		NAME		
STREET ADDRESS	640 SOUTH MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	LA BELLE, FL 33935		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OUTERBRIDGE, I.S.		NAME		
STREET ADDRESS	CLARENDON HOUSE/CHURCH ST/HAMILTON HM 11		STREET ADDRESS		
CITY-ST-ZIP	BERMUDA,		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMMONS, L. CRAIG		NAME		
STREET ADDRESS	640 SOUTH MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	LA BELLE, FL 33935		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OAKLEY, THOMAS E		NAME		
STREET ADDRESS	640 SOUTH MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	LA BELLE, FL 33935		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: 		L. Craig Simmons Treasurer/Dir. 4/30/2004 (863)675-2966			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	