



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G52290</b> 1. Entity Name WORLD AGRICULTURE, INC.	
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Principal Place of Business 315 E NEW MARKET ROAD IMMOKALEE, FL 34142 US	Mailing Address POST OFFICE BOX 3088 IMMOKALEE, FL 34143 US
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**DO NOT WRITE IN THIS SPACE**



01022008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2306630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WHITESMAN, GUY E  
1715 MONROE STREET  
FORT MYERS, FL 33901

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2008 Fee will be \$550.00**

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

U00000825070  
02/20/08-80104-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WEISINGER, SHERYL A
STREET ADDRESS	315 E NEW MARKET ROAD
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	V
NAME	DESSAK, PETER
STREET ADDRESS	315 E NEW MARKET ROAD
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	V
NAME	PRESS, MAX
STREET ADDRESS	315 E NEW MARKET ROAD
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	V
NAME	WEISINGER, JAIME
STREET ADDRESS	315 EAST NEW MARKET ROAD
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	VST
NAME	PURSE, TOBY K
STREET ADDRESS	315 EAST NEW MARKET ROAD
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Sheryl A. Weisinger* 1/8/08 239 657-4421  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #