


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 142303 1. Entity Name DIAMOND R FERTILIZER CO., INC.	
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Principal Place of Business 4100 GLADES ROAD FT. PIERCE, FL 34981-4711	Mailing Address 4100 GLADES ROAD FT. PIERCE, FL 34981-4711
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04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0593514	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAROVICH, PETER
 4100 GLADES ROAD
 FT PIERCE, FL 34981

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SCOTT, KEN PO BOX 2457 FORT PIERCE, FL 34954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ROPER, BERT P.O. BOX 770218 WINTER GARDEN, FL 34777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAROVICH, PETE 1801 OLD EAGLE LAKE RD BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHILDS, ROY 700 SE FEDERAL HWY STE 200 STUART, FL 34987
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIKLES, MIKE 738 SNUG ISLAND CLEARWATER, FL 37787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASSENS, STEVE P.O. BOX 770218 FT. PIERCE, FL 34954

U0000011R433
 04/19/04-R0059-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mike Mikles 4/15/04 (772) 464-9300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Mike Mikles, VP & CFO