

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 191484

FILED
Jun 16, 2005
Secretary of State

Entity Name: U S AGRICULTURAL EXPORT CORPORATION

Current Principal Place of Business:

1991 74TH AVE
VERO BEACH, FL 32966 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 690152
VERO BEACH, FL 329690152

New Mailing Address:

FEI Number: 59-6082146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACERA, STEPHANIE
1991 74TH AVENUE
VERO BEACH, FL 32966 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: PD () Delete
Name: FORT, RICHARD A JR
Address: 500 NE 5TH STREET
City-St-Zip: FORT MEADE, FL 33841

Title: VP () Delete
Name: MCCRANIE, JAMES B
Address: 2165 7TH AVE., SE
City-St-Zip: VERO BEACH, FL 32962

Title: CEO () Delete
Name: MCEVOY, E. BRUCE
Address: 5340 E. HARBOR VILLAGE DR., #302
City-St-Zip: VERO BEACH, FL 32967

Title: VP (X) Delete
Name: MILLER, RICHARD
Address: 1485 50TH COURT
City-St-Zip: VERO BEACH, FL 32966

Title: S () Delete
Name: SANDERS, CHARLES M JR
Address: 1485 50TH COURT
City-St-Zip: VERO BCH, FL 32966

Title: D () Delete
Name: GRIFFIN, BEN HILL IV
Address: 1 BARACRES LANE
City-St-Zip: FROSTPROOF, FL 33843

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
Name:
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 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 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: CORALEE PENABAD, AUTHORIZED REPRESENTATIVE MGR

_____ Electronic Signature of Signing Officer or Director

06/16/2005

_____ Date