2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

Mailing Address

3. Mailing Address

City & State

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Suite Apt. #, etc.

5650 ARTHUR BROWN ROAD WALNUT HILL FL 32568

Country

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(NOTE Registered Agent signature required when reinstating)

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ESCAMBIA GRAIN CORPORATION

Country

VAN PELT, JAMES G 9410 HWY 97

CENTURY FL 32535

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

EICHER, WENDELL

3711 EUBANKS RD

NOWLIN, EDWARD

CANTONMENT FL

6910 HWY 99 SOUTH

PELT, JAMES VAN

CENTURY, FL 00000

MASON, JAMES C

9410 HWY 97

5441 HWY 97

WALNUT HILL, FL 00000

MASON, PAUL

WALNUT HILL FL 32568

EUBANKS, GEORGE W JR

WALNUT HILL FL 32568

501 W KINSFIELD ROAD

4570 EICHER RD

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

1. Entity Name

Principal Place of Business

5650 ARTHUR BROWN ROAD WALNUT HILL FL 32568

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

10.

TITLE

NAME STREET ADDRESS

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## FILED Feb 10, 2005 08:00 AM **Secretary of State** 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number 59-1147260 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code 5. 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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition U00000222930 02/10/05-80025-016 150.00 ☐ Change ☐ Addition Change ☐ Addition Change ☐ Addition Change Addition

WALNUT HILL FL CITY, ST. 7IP 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)(1), 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

SIGNATURE:

ICER OR DIRECTOR

Daytme Phone #

☐ Change

Addition