

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 436955

FILED
Apr 14, 2009
Secretary of State

Entity Name: PIONEER AG-CHEM, INC.

Current Principal Place of Business:

4100 GLADES CUT-OFF ROAD
FT. PIERCE, FL 34981

New Principal Place of Business:

Current Mailing Address:

4100 GLADES CUT-OFF ROAD
FT. PIERCE, FL 34981

New Mailing Address:

FEI Number: 59-1481570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKLES, MIKE
4100 GLADES CUT-OFF ROAD
FT PIERCE, FL 34981 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: S () Delete
Name: SCOTT, KEN
Address: PO BOX 2457
City-St-Zip: FT PIERCE, FL 34954

Title: P () Delete
Name: CARLTON, WAYNE
Address: 3782 MCCARTY RD.
City-St-Zip: FORT PIERCE, FL 34945

Title: C () Delete
Name: CHILDS, ROY
Address: 7000 SE FEDERAL HWY STE 200
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: MAROVICH, PETER W
Address: 4100 GLADES RD.
City-St-Zip: FORT PIERCE, FL 34981

Title: T () Delete
Name: CASSENS, STEVE
Address: P.O. BOX 770218
City-St-Zip: FT PIERCE, FL 34954

Title: VCFO () Delete
Name: MIKLES, MIKE
Address: 738 SNUG ISLAND
City-St-Zip: CLEARWATER, FL 32369

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
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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 exemption stated 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 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: MIKE MIKLES

VCFO

04/14/2009

Electronic Signature of Signing Officer or Director

Date