



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 480682</b> 1. Entity Name <b>AGRI-SUPPLIERS, INC.</b>			
Principal Place of Business <b>21029 CORTEZ BLVD BROOKSVILLE, FL 34601</b>		Mailing Address <b>16820 GUNN HWY ODESSA, FL 33556</b>	
			
		01132005 No Chg-P CR2E034 (10/03)	
4. FEI Number <b>59-1770263</b>		Applied For <input type="checkbox"/> 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  <b>VINCENT, WILLIAM D 5455 LAKE LECLARE RD LUTZ, FL 33549</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	VINCENT, CONNIE		
STREET ADDRESS	5455 LAKE LE CLARE ROAD		
CITY-ST-ZIP	LUTZ, FL		
TITLE	ST		
NAME	VINCENT, WILLIAM		
STREET ADDRESS	5455 LAKE LE CLARE ROAD		
CITY-ST-ZIP	LUTZ, FL		
TITLE	VT		
NAME	VINCENT, MICHAEL		
STREET ADDRESS	22415 BELL LAKE ROAD		
CITY-ST-ZIP	LOL, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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)(f), 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: <u>William D Vincent</u>		Date: <u>1-17-05</u> Daytime Phone #: <u>813-920-4962</u>	