

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 480682

Entity Name: AGRI-SUPPLIERS, INC.

FILED  
Feb 14, 2009  
Secretary of State

## Current Principal Place of Business:

21029 CORTEZ BLVD  
BROOKSVILLE, FL 34601

## New Principal Place of Business:

## Current Mailing Address:

16820 GUNN HWY  
ODESSA, FL 33556

## New Mailing Address:

FEI Number: 59-1770263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VINCENT, WILLIAM D  
5455 LAKE LECLARE RD  
LUTZ, FL 33549 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: P ( ) Delete  
Name: VINCENT, CONNIE  
Address: 5455 LAKE LE CLARE ROAD  
City-St-Zip: LUTZ, FL 33549

Title: ST ( ) Delete  
Name: VINCENT, WILLIAM  
Address: 5455 LAKE LE CLARE ROAD  
City-St-Zip: LUTZ, FL 33549

Title: VP ( ) Delete  
Name: VINCENT, MICHAEL  
Address: 18410 WAYNE ROAD  
City-St-Zip: ODESSA, FL 33556

## 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:

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: WILLIAM D. VINCENT

ST

02/14/2009

Electronic Signature of Signing Officer or Director

Date