


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90059 037 ***150.00

DOCUMENT # 498273 1. Entity Name INDEPENDENT AG, INC.					
Principal Place of Business P O BOX 766567 ORLANDO, FL 32867 US			Mailing Address P O BOX 677567 ORLANDO, FL 32867 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent WOOTEN, JESSE 209 N. GOLDENROD RD ORLANDO, FL 32867				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOTEN, JESSE 3201 S. SCENIC HWY FROSTPROOF, FL 33843 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Chairman DENNIS Wedgworth PO BOX 2076 Belle Glade, FL 33430 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARELL, JACK PO BOX 807 LAKELAND, FL 33802 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Brent Sutton P.O. Box 8001 Sanford, FL 32772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, KEITH 194 WILL DUKE RD WACHULA, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, TOM HWY 17 92 AT SR 419 SANFORD, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTHERIE, GARY PO BOX 877 PALMETTO, FL 34220 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MIKE SHAW PO BOX 357 MAYO, FL 32066 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/16/05 Daytime Phone # 407-282-0073		

40020304



02142005 Chg-P CR2E034 (10/03)

4. FEI Number **59-1673230** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

ATTACHMENT

Annual Report Filing Instructions

February 14, 2005

40020564

498273

Prepared for	Jesse Wooten Independent Ag., Inc. P.O. Box 677567 Orlando, FL 32867
Prepared by	Hoskins & Barbery CPA, LLC 209 North Goldenrod Road Orlando, FL 32807
To be signed and dated by	An officer or director of the corporation on line 12 with date and daytime phone number.
Amount to send with annual report	\$ 150.00
Mail tax return to	Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500
Return must be mailed on or before	Please do As Soon As Possible. Due date is May 1, 2005 without penalty.
Special instructions	<p>This return is required to continue your corporation or other business entity in this state. The Annual Corporation Annual Report is a basic form requiring information such as officer names and addresses and an officer signature and check. The fee is normally \$150 for timely filed corporations and increases to \$550 after May 1, 2005. Do not forget to file this required form. Failure to file this form will result in corporate dissolution. If you need any assistance, please call us.</p> <p>Please verify all information and file this form with the state immediately.</p>