

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 570186

FILED
Mar 10, 2004
Secretary of State

Entity Name: AGRI-MANAGEMENT INTERNATIONAL, INC.

Current Principal Place of Business:

P.O. BOX 1589
LAKE CITY, FL 32056

New Principal Place of Business:

304 SW 140TH TERRACE
SUITE G
NEWBERRY, FL 32669 US

Current Mailing Address:

P.O. BOX 1589
LAKE CITY, FL 32056

New Mailing Address:

304 SW 140TH TERRACE
SUITE G
NEWBERRY, FL 32669 US

FEI Number: 59-1760324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, WILLIAM T
16896 CR 137
WELLBORN, FL 32094 US

Name and Address of New Registered Agent:

NELSON, DAVID S P
304 SW 140TH TERRACE
SUITE G
NEWBERRY, FL 32669 US

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: DAVID S. NELSON

03/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: NELSON, DAVID S
Address: 1118 NW 106TH ST.
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NELSON, DAVID S P
Address: 1118 NW 106TH ST.
City-St-Zip: GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID S. NELSON

P

03/10/2004

Electronic Signature of Signing Officer or Director

Date