

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 580598

Entity Name: AGRIPPOST, INC.

FILED
Apr 10, 2004
Secretary of State

Current Principal Place of Business:

1714 HOBAN RD
WASHINGTON, DC 20007 US

New Principal Place of Business:

Current Mailing Address:

1714 HOBAN RD
#300
WASHINGTON, DC 20007 US

New Mailing Address:

1714 HOBAN RD
WASHINGTON, DC 20007 US

FEI Number: 59-1917071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, EDWARD C
5651 NW 24TH TERR
BOCA RATON, FL 33496 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: PSD () Delete
Name: FORRER, JOHN O
Address: 1714 HOBAN RD NW
City-St-Zip: WASHINGTON, DC 20007

Title: D () Delete
Name: WEST, EDWARD C
Address: 5651 NW 24TH TERR
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: KELLER, FREDERICK F. J
Address: 11 5TH AVE
City-St-Zip: NEW YORK, NY 10003

Title: D () Delete
Name: COOKSEY, NEIL
Address: 6135 PARK SOUTH DRIVE
City-St-Zip: CHARLOTTE, NC 28210

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
Name:
Address:
City-St-Zip:

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: JOHN O. FORRER

PRES

04/10/2004

Electronic Signature of Signing Officer or Director

_____ Date