


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90009 042 \*\*\*\*70.00

<b>DOCUMENT # 719890</b>		
1. Entity Name AGRICULTURE INSTITUTE OF FLORIDA, INC.		

40006709



Principal Place of Business 2429 LEGACY LAKE DRIVE MAITLAND, FL 32751 US	Mailing Address PO BOX 940625 MAITLAND, FL 32794 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01132005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1381461	Applied For Not Applicable
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5. Certificate of Status Desired **KX** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
HEMPHILL, ROD 5700 SW 34TH ST GAINESVILLE, FL 32608	

7. Name and Address of New Registered Agent	
Name DON. POUCHER	
Street Address (P.O. Box Number is Not Acceptable) G-031 McCarty Hall	
City Gainesville	FL Zip Code 32611-0135

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 *Don Poucher* (NOTE: Registered Agent signature required when reinstating) DATE 1-13-05

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PACE, CASEY PO BOX 89 LAKELAND, FL 33802 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIDIER, ALLISON 166 LOOKOUT PLACE STE 100 MAITLAND, FL 32751 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POUCHER, DON UF 6031 MCCARTY HALL- PO BOX 110135 GAINESVILLE, FL 326110135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD, SUSAN PO BOX 620257 OVIEDO, FL 327620257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMER, RAY P.O. BOX 140155 BARTOW, FL 33830 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMPHILL, ROD 5700 SW 34TH ST GAINESVILLE, FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PACE, CASEY WOHL PO Box 89 Lakeland, FL 33802 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 VP NEDLEY, HEATHER 1715 Highway 17, South Bartow, FL 33830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP HOWARD, SUSAN PO Box 620257 Oviedo, FL 32762-0257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROCKER, ILA ALLEN PO Drawer 2550 Plant City, FL 33564 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 VP HEMPHILL, ROD PO Box 147030 Gainesville, FL 32614 <input checked="" type="checkbox"/> Change <input 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 617, 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: *Don Poucher* Don Poucher January 13, 2005 (352) 392-0487  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #