


**FILED**  
**Mar 27, 2008 08:00 A**  
**Secretary of State**

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 719890</b>		
1. Entry Name AGRICULTURE INSTITUTE OF FLORIDA, INC.		
Principal Place of Business 2429 LEGACY LAKE DRIVE MAITLAND, FL 32751 US		Mailing Address PO BOX 940625 MAITLAND, FL 32794 US
<b>DO NOT WRITE IN THIS SPACE</b>		
02182008 No Chg-NP CR2E037 (4/06)		
4. FEI Number 59-1381461		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
HEMPHILL, ROD 5700 SW 34TH STREET GAINESVILLE, FL 32608		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: registration required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		U000000871590 04/10/08-80003-010 61.25
10. OFFICERS AND DIRECTORS		
TITLE	PP	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	PACE, CASEY	
STREET ADDRESS	212 KENWITH RD	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	P	
NAME	NEDLEY, HEATHER	
STREET ADDRESS	1715 HIGHWAY 17 SOUTH	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	SV	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	WALLIN, SCOTT	
STREET ADDRESS	166 LOOKOUT PLACE, SUITE 166	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	S	
NAME	NELIS, JENNIFER	
STREET ADDRESS	1523 PARK CENTER DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	IV	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	MCGILL, BETSY	
STREET ADDRESS	PO BOX 217	
CITY-ST-ZIP	LABELLE, FL 33975	
TITLE	TD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	HEMPHILL, ROD	
STREET ADDRESS	PO BOX 147030	
CITY-ST-ZIP	GAINESVILLE, FL 32614	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>x Heather B. Nedley</i>		Date: <i>3/4/08</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>863-533-0561</i>