


**ANNUAL REPORT**

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

06-14-2004 90005 045 \*\*\*\*61.25

**DOCUMENT # 725312**

1. Entity Name  
**FLORIDA SEED ASSOCIATION, INC.**



Principal Place of Business  
**3913 HWY. 71  
 P.O. BOX 39  
 GREENWOOD, FL 32443**

Mailing Address  
**3913 HWY. 71  
 P.O. BOX 39  
 GREENWOOD, FL 32443**

**44046506**



2. Principal Place of Business  
*105 Spring Chase Circle*  
 Suite, Apt. #, etc.

3. Mailing Address  
*P.O. Box 948253*  
 Suite, Apt. #, etc.

05052004 Chg-NP CR2E037 (10/03)

City & State  
*Altamonte Springs, FL.*

City & State  
*MAITLAND, FL.*

Zip  
*32714*

Country  
*USA*

Zip  
*32794-8253*

Country  
*USA*

4. FEI Number  
**59-1618977**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**OSWALD, JACK**  
**3913 HWY. 71**  
**GREENWOOD, FL 32443**

7. Name and Address of New Registered Agent

Name *ELLIS, DICK*

Street Address (P.O. Box Number is Not Acceptable)  
*105 Spring Chase Circle*

City *Altamonte Springs* **FL** Zip Code *32714*

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 *Dick Ellis* (NOTE: Registered Agent signature required when constituting)

DATE *June 8, 2004*

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOOD JR., ARLEN P.O. BOX 91690 LAKELAND, FL 338041690	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISHOLM, MIKE 813 EAST REYNOLDS STREET PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFMAN, GLEN P.O. BOX 1866 PALM CITY, FL 34991	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OSWALD, JACK P.O. BOX 39 N/A GREENWOOD, FL 32443	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, BILL 2832 HANOVER HILL DR VALRICO, FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFTON, KIM 7930 TWIN EAGLE LANE FORT MYERS, FL 33912	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Arten Wood Jr. P.O. Box 91690 Lakeland, FL 33804-1690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Steve Seaton P.O. Box 783593 Winter Garden, FL 34778	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Dick Ellis 105 Spring Chase Cir. Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bill Johnson 2832 HANOVER Hill Dr. Valrico, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: *Dick Ellis* DATE: *6/8/04* 321-703-7437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #