

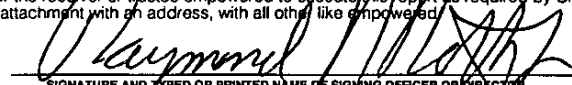


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90080 002 ****61.25

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|---|--|--|--|--|--|
| DOCUMENT # 768484 1. Entity Name FLORIDA RICE COUNCIL, INC. | | | |  | |
| Principal Place of Business 8050 SOUTH U.S. HWY. 27 SOUTH BAY, FL 33493 US | | | Mailing Address P.O. BOX 1210 BELLE GLADE, FL 33430 US | | |
| 2. Principal Place of Business 651 NW 9th Street Suite, Apt. #, etc. | | 3. Mailing Address PO Box 2076 Suite, Apt. #, etc. | | 20016844  | |
| City & State Belle Glade, Florida | | City & State Belle Glade, Florida | | 4. FEI Number 59-2821964 | |
| Zip 33430 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROTH, RAYMOND R JR. 27502 CR 880 BELLE GLADE, FL 33430 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ROTH, RAYMOND R. JR. 232 N.W. N.W. AVENUE L BELLE GLADE, FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P Roth, Raymond R. Jr. 232 NW Ave L Belle Glade, FL 33430 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PERDOMO, RAUL 13733 EXOTICA LANE W PALM BEACH, FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP/D Perdomo, Raul 13733 Exotica Lane West Palm Beach, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP STEIN, ROY S 1625 WEDGEWORTH RD BELLE GLADE, FL 33430 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | T Stein, Roy S. 1625 Wedgeworth Road Belle Glade, FL 33430 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD SENGELMANN, KLAUS 1147 READING TERRACE W PALM BEACH, FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T UNDERBRINK, ROBERT J. 8050 SOUTH U.S. 27 SOUTH BAY, FL <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ULLOA, MODESTO F 278 SQUIRE DRIVE WELLINGTON, FL 33414 <input type="checkbox"/> Delete | | 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:  2/23/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |