


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90031 021 \*\*\*150.00

<b>DOCUMENT # F03000003300</b>			
<b>1. Entity Name</b> UNITED AGRI PRODUCTS, INC.			
<b>Principal Place of Business</b> ONE CONAGRA DRIVE OMAHA NE 68102-5001		<b>Mailing Address</b> ONE CONAGRA DRIVE OMAHA NE 68102-5001	
<b>2. Principal Place of Business</b> 7251 W. 4th Street Suite, Apt. #, etc. —		<b>3. Mailing Address</b> 7251 W. 4th Street Suite, Apt. #, etc. —	
<b>City &amp; State</b> Greeley, CO <b>Zip</b> 80634 <b>Country</b> USA		<b>City &amp; State</b> Greeley, CO <b>Zip</b> 80634 <b>Country</b> USA	
<b>6. Name and Address of Current Registered Agent</b> THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
<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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <b>DATE</b> _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> P <input type="checkbox"/> Delete <b>NAME</b> CORDELL, LARRY K <b>STREET ADDRESS</b> 7251 W. 4TH STREET <b>CITY-ST-ZIP</b> GREELEY CO 80634	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<b>TITLE</b> EUP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> Robert A. Boyce <b>STREET ADDRESS</b> 7251 W. 4th Street <b>CITY-ST-ZIP</b> Greeley, CO 80634	<b>TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> Dave Trotter <b>STREET ADDRESS</b> 7251 W. 4th Street <b>CITY-ST-ZIP</b> Greeley, CO 80634
<b>TITLE</b> V <input type="checkbox"/> Delete <b>NAME</b> BOYCE, ROBERT A <b>STREET ADDRESS</b> 2505 W. SHAW AVE., #109 <b>CITY-ST-ZIP</b> FRESNO CA 80634	<b>TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> William R. Page <b>STREET ADDRESS</b> 7251 W. 4th Street <b>CITY-ST-ZIP</b> Greeley, CO 80634	<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> David W. Bullack <b>STREET ADDRESS</b> 7251 W. 4th Street <b>CITY-ST-ZIP</b> Greeley, CO 80634	<b>TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> Todd A. Suko <b>STREET ADDRESS</b> 7251 W. 4th Street <b>CITY-ST-ZIP</b> Greeley, CO 80634
<b>TITLE</b> V <input checked="" type="checkbox"/> Delete <b>NAME</b> FRISON, PATRICK S <b>STREET ADDRESS</b> 1121 WESLEY ROAD <b>CITY-ST-ZIP</b> PEKIN IL 61554	<b>TITLE</b> <input checked="" type="checkbox"/> Delete <b>NAME</b> BOLDING, JAY D <b>STREET ADDRESS</b> ONE CONAGRA DRIVE <b>CITY-ST-ZIP</b> OMAHA NE 68102-5001	<b>TITLE</b> <input checked="" type="checkbox"/> Delete <b>NAME</b> HECKMAN, GREGORY A <b>STREET ADDRESS</b> ELEVEN CONAGRA DRIVE <b>CITY-ST-ZIP</b> OMAHA NE 68102-5001	

**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 607, 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:**

*[Signature]*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2/18/04

**Date**

970 347 1516

**Daytime Phone #**