

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90044 011 ***150.00

DOCUMENT # F94000003435

1. Entity Name
GAFLA FERTILIZER, INC.



Principal Place of Business
**E OGLESBY AVE
QUITMAN, GA 31643 US**

Mailing Address
**PO BOX 409
QUITMAN, GA 31643 US**

54003880



01072004 Chg-P CR2E034 (10/03)

4. FEI Number
58-1761185

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE, FL 32303**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **VP** ☐ Delete
STREET ADDRESS **JONES, S.L.**
CITY-ST-ZIP **1500 OLD MADISON RD.
QUITMAN, GA 31643**

TITLE
NAME **P** ☒ Delete
STREET ADDRESS **WORTMAN, HENRY**
CITY-ST-ZIP **RT 4 BOX 77
QUITMAN, GA 31643**

TITLE
NAME **S** ☐ Delete
STREET ADDRESS **CUNNINGHAM, LARRY**
CITY-ST-ZIP **COUNTRY CLUB ROAD, P.O BOX 68
QUITMAN, GA 31643**

TITLE
NAME **T** ☐ Delete
STREET ADDRESS **CUNNINGHAM, LARRY**
CITY-ST-ZIP **COUNTRY CLUB RD., P.O. BOX 68
QUITMAN, GA 31643**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **President** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **Vice President** ☐ Change ☒ Addition
STREET ADDRESS **Carl White**
CITY-ST-ZIP **1681 White Rd
Dixie, GA 31629**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-3-04 (209) 263-9077