

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90495 028 ***150.00

40074173



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
72-0562797

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARSHALL, STANLEY
2ND FLOOR
2010 DELTA BLVD
TALLAHASSEE, FL 32317-3894

**DO NOT WRITE
IN THIS SPACE**

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 reactivating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRAHAM, DANNY R
STREET ADDRESS	2700 LOVERS LANE
CITY-ST-ZIP	RUSTON, LA 71270
TITLE	TDS
NAME	HUTCHINSON, LYNN W
STREET ADDRESS	225 STAN WALL ROAD
CITY-ST-ZIP	WEST MONROE, LA
TITLE	C
NAME	GRAHAM, RONALD H
STREET ADDRESS	1008 WALNUT CREEK ROAD
CITY-ST-ZIP	SIMSBORO, LA
TITLE	V
NAME	MIXON, NATHANEAL
STREET ADDRESS	750 ARKANSAS PLANT RD
CITY-ST-ZIP	DUBACH, LA
TITLE	D
NAME	GRAHAM, RONALD H
STREET ADDRESS	1008 WALNUT CREEK ROAD
CITY-ST-ZIP	SIMSBORO, LA 71275
TITLE	VP
NAME	GRAHAM, CLINT
STREET ADDRESS	980 WALNUT CREEK ROAD
CITY-ST-ZIP	SIMSBORO, LA 71275

**DO NOT WRITE
IN THIS SPACE**

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

7/24/05 38255-3822
Date Daytime Phone #