## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Apr 29, 2004 08:00 AM Secretary of State

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1. Entity Name

MISSISSIPPI CHEMICAL MANAGEMENT COMPANY



Principal Place of Business

HIGHWAY 49 EAST YAZOO CITY, MS 39194 Mailing Address

HIGHWAY 49 EAST YAZOO CITY, MS 39194



04222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 64-0877703

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am lamiliar with, and accept			
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registere	d Agent signature	required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	icing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS	<u> </u>	<del></del>				
TITLE	PD	<del></del>	1					
NAME	HOLLEY, LARRY W		ł					
STREET ADDRESS	PO BOX 1534		}					
CITY-ST-ZIP	YAZOO CITY, MS 391941534				19174 dii 41984			
TITLE	VP/D		1	1944年 1844年 - 1944年 194				
NAME	MCCRAW, C E		l		and the state of t			
STREET ADDRESS	PO BOX 1534		5					
CITY-ST-ZIP	YAZOO CITY, MS 391941534							
TITLE	VPHR		[					
NAME	EWING, JOE A							
STREET ADORESS	PO BOX 1534		DO NOT WRITE					
CITY-ST-ZIP	YAZOO CITY, MS 391941534							
TITLE	S		IN THIS SPACE					
NAME	TRULY, ETHEL							
STREET ADDRESS	PO BOX 1534							
CITY-ST-ZIP	YAZOO CITY, MS 391941534		1					
TITLE	Т		l					
NAME	DAWSON, TIMOTHY A		<b>5</b>					

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 empowered 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:

STREET ADDRESS | PO BOX 1534

STREET ADDRESS

CITY ST-ZIP

CITY-ST-ZIP

TITLE

NAME

PO BOX 1534

ELLIOTT, GARY

YAZOO CITY, MS 391941534

YAZOO CITY, MS 391941534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

+ 27/01

(602) 746.4131