


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # G52290	
1. Entity Name WORLD AGRICULTURE, INC.	

Principal Place of Business 315 E NEW MARKET ROAD IMMOKALEE, FL 34142 US	Mailing Address POST OFFICE BOX 3088 IMMOKALEE, FL 34143 US
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01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2306630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISINGER, SHERYL A
315 EAST NEW MARKET ROAD
IMMOKALEE, FL 33934-1257

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000405592 02/07/06-80047-009 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WEISINGER, SHERYL A 315 E NEW MARKET ROAD IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DESSAK, PETER 315 E NEW MARKET ROAD IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRESS, MAX 315 E NEW MARKET ROAD IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sheryl A. Weisinger 1/13/06 239-657-4421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SHERYL A WEISINGER