


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90282 001 \*\*\*150.00  
03-28-2005 90282 002 \*\*\*\*\*8.75

<b>DOCUMENT # G64035</b> 1. Entity Name <b>SOUTHERN COMPOST SUPPLY COMPANY</b>					
Principal Place of Business <b>3801 N.E. 25TH AVENUE</b> <b>OCALA, FL 34479 US</b> <i>3801 N.E. 25th Ave. Ocala, FL 34479</i>			Mailing Address <b>3801 N.E. 25TH AVENUE</b> <b>OCALA, FL 34479 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc. <b>OCALA</b>		3. Mailing Address  Suite, Apt. #, etc. <b>OCALA FLORIDA</b>			
City & State <b>OCALA FL</b>		City & State <b>OCALA FLORIDA</b>		4. FEI Number <b>59-2310029</b>	
Zip <b>34479</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAXWELL, JAMES E. SR.</b> <b>3801 N.E. 25TH AVENUE</b> <b>OCALA, FL 34479</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <i>James E. Maxwell</i> DATE <i>March 23, 2005</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing 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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, JAMES E JR. <del>3801 N.E. 25TH AVENUE</del> <i>Knights Griffin Road</i> <del>OCALA, FL 34479</del> <i>Plant City, FL 33565</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Debbie Maxwell 35 South Air Depot Road Edmond, OK 93034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scott Maxwell 19283 703rd Avenue Dassel, MN 55325		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeff Maxwell 2219 CFS #6 Dassel, MN 55325		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>James E. Maxwell</i> <i>Brandon</i> DATE <i>March 3, 2005</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					