

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90141 025 ***150.00

DOCUMENT # H17503

1. Entity Name
GREENVILLE FERTILIZER & CHEMICAL CO., INC.



Principal Place of Business
13293 W 90
P.O. BOX 649-
GREENVILLE, FL 32331-6649

Mailing Address
13293 W 90
P.O. BOX 649
GREENVILLE, FL 32331-6649

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



08312005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2437099 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ROLAND, CHARLES A
13293 W 90
GREENVILLE, FL 32331

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

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ROLAND, CHARLES A	3863 NW LOVETT RD.	GREENVILLE, FL	<input type="checkbox"/>
V	ROLAND, CHARLES A.	3863 NW LOVETT RD.	GREENVILLE, FL	<input type="checkbox"/>
TS	ROLAND, JO ANN B.	3863 NW LOVETT RD.	GREENVILLE, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Jo Ann Roland* **Jo Ann Roland** *8-31-05* **850-948-2968**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #