

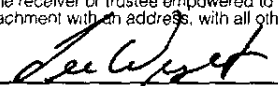


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L69908</b> 1. Entity Name LOXAHATCHEE FERTILIZER, INC.			
Principal Place of Business 2191 COTTONTAIL DR. LOXAHATCHEE, FL 33470	Mailing Address P.O. BOX 369 LOXAHATCHEE, FL 33470		
<b>DO NOT WRITE IN THIS SPACE</b>			
		 01252005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0244388	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  WRIGHT, LELAND 2191 COTTONTAIL DR. LOXAHATCHEE, FL 33470		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 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>	
10. OFFICERS AND DIRECTORS		<div>U000000201639</div> <div>01/28/05-R0074-018 150.00</div> <div style="height: 150px;"><b>DO NOT WRITE IN THIS SPACE</b></div>	
TITLE	D		
NAME	WRIGHT, LELAND		
STREET ADDRESS	2191 COTTONTAIL DR.		
CITY - ST - ZIP	LOXAHATCHEE, FL 33470		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: 		1-25-05 (561) 783-5635	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	