

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N96000001291

1. Entity Name  
AGRICULTURAL INNOVATIONS & RESEARCH,  
INCORPORATED



Principal Place of Business

5951 OGLESBY RD  
MILTON, FL 32570 US

Mailing Address

5951 OGLESBY RD  
MILTON, FL 32570 US

**DO NOT WRITE IN THIS SPACE**



03302005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3388600

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOVANESIAN, JOHN C  
5951 OGLESBY RD  
MILTON, FL 32570

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DS  
NAME HOVANESIAN, ARCHIBALD JR  
STREET ADDRESS 16 PORT ROYAL WAY  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE DP  
NAME HOVANESIAN, JOHN C  
STREET ADDRESS 5951 OGLESBY RD  
CITY-ST-ZIP MILTON, FL

TITLE D  
NAME HARPER, JOHN  
STREET ADDRESS 5230 WILLING ST  
CITY-ST-ZIP MILTON, FL 32570

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000312120  
04/18/05-80072-011 61.25

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IN THIS SPACE**

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 617, 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:

*J.E. Hovanessian* J.E. HOVANESIAN 12 APRIL 05 850.623.6287  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #