

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001291

FILED
Mar 24, 2008
Secretary of State

Entity Name: AGRICULTURAL INNOVATIONS & RESEARCH, INCORPORATED

Current Principal Place of Business:

5951 OGLESBY RD
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

5951 OGLESBY RD
MILTON, FL 32570 US

New Mailing Address:

FEI Number: 59-3388600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOVANESIAN, JOHN C
5951 OGLESBY RD
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: HOVANESIAN, ARCHIBALD JR
Address: 16 PORT ROYAL WAY
City-St-Zip: PENSACOLA, FL 32501

Title: DP () Delete
Name: HOVANESIAN, JOHN C
Address: 5951 OGLESBY RD
City-St-Zip: MILTON, FL

Title: D () Delete
Name: HARPER, JOHN
Address: 5230 WILLING ST
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HOVANESIAN

DP

03/24/2008

Electronic Signature of Signing Officer or Director

Date