# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P01000099497 1. Entity Name SOUTH TROPICAL AGRICULTURE, INC.

Principal Place of Business

9490 S. TROPICAL TRAIL MERRITT ISLAND, FL 32953 Mailing Address

9490 S. TROPICAL TRAIL MERRITT ISLAND, FL 32953

### **FILED** Jul 19, 2004 08:00 AM **Secretary of State**



CR2E034 (10/03)

Fee Required

#### DO NOT WRITE IN THIS SPACE

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4. FEI Number			Applied For
59-3750651	_		Not Applicable
5. Certificate of Status Desired		\$8.75	Additional

6. Name and Address of Current Registered Agent

BARGER, CHARLES G JR. 9490 S. TROPICAL TRAIL MERRITT ISLAND, FL 32953

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

No Cho-P

07082004

<ol> <li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i n the State of Florida. I am familiar with, and accept the obligations of registered agent.</li> </ol>						
SIGNATURE						
5	FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financh Due by September 8, 2004 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 DIRE	CTORS	_		The second secon	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARGER, CHARLES G JR. 9490 S. TROPICAL TRAIL MERRITT ISLAND, FL 32953				07/19/04-80021-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			No. of the last of			
12. I hereby certify that the Information supplied with this filling dies not qualify for the exemption stated in Section 119.07(3)[3]. Rorida Statutes. I further certify that the information indicated on this report or supplemental reports 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 further empty and of the report as required by Chapter 607, Rorida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attact/hent with an addiess, with all true like empty.						

OFFICER OR DIRECTOR