

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073014

FILED
Apr 29, 2004
Secretary of State

Entity Name: AGAROSE UNLIMITED, INC.

Current Principal Place of Business:

15002 NW 145TH TERR
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 817
ALACHUA, FL 32616

New Mailing Address:

707 NW 13TH STREET
GAINESVILLE, FL 32601

FEI Number: 03-0479746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAXON, COLE L JR
15002 NW 145TH TERR
ALACHUA, FL 32615

Name and Address of New Registered Agent:

SAXON, COLE L JR
15002 NW 145TH TERRACE
ALACHUA, FL 32615

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:

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SAXON, COLE L JR.
Address: 15002 NW 145TH TERRACE
City-St-Zip: ALACHUA, FL 32615

Title: P () Delete
Name: PFEIFFER, CLYDE T
Address: 707 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDE T PFEIFFER

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date