2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083602

Title:

Name:

Address: City-St-Zip:

Entity Name: AGRIMOND INTERNATIONAL. "INC"

() Delete

CAPE CANAVERAL, FL 32920 US

MARIANI, EDIDDIO W

807 W. CENTRAL BLVD.

FILED Mar 31, 2004 Secretary of State

Littley Num	iie. Adminiond in	ERNATIONAL, INC				
Current Principal Place of Business:				New Principal Place of Business:		
	GEROW DRIVE SLAND, FL 32953	US		807 W. CENTRAL BLV CAPE CANAVERAL, F		US
Current Mailing Address:				New Mailing Address:		
	GEROW DRIVE SLAND, FL 32953	US		807 W. CENTRAL BLV CAPE CANAVERAL, F		US
FEI Number:	82-0556576 FEI N	umber Applied For()	FEI Num	nber Not Applicable()	Certifica	te of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SCHMIDT, JOHN E 2127 HEDGEROW DRIVE MERRITT ISLAND, FL 32953 US				MARIANI, EMIDDIO W 807 W. CENTRAL BLV CAPE CANAVERAL, F		US
The above in the State		s this statement for the	purpose of	f changing its registered	office or re	egistered agent, or both,
SIGNATURE: EMIDDIO W. MARIANI				03/31/2004		
	Electronic Sign	ature of Registered Ag	jent			Date
Election Cam	npaign Financing Trust I	Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () Delete NICKLAUS, RICHARD 691 S.W. VIEW CREST DUNDEE, OR 97115 U			Title: Name: Address: City-St-Zip:	()Change() Addition
Title: Name: Address: City-St-Zip:	VP () Delete SCHMIDT, JOHN E 2127 HEDGEROW DRI' MERRITT ISLAND, FL :			Title: Name: Address: City-St-Zip:	()Change() Addition

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN E. SCHMIDT VP 03/31/2004

() Change () Addition