


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90047 012 \*\*\*150.00

<b>DOCUMENT # P03000042510</b>	
1. Entity Name <b>AG LAND MANAGEMENT, INC.</b>	

Principal Place of Business <b>14051 U.S. HWY. 98 BYPASS, DADE CITY FL 33523</b>	Mailing Address <b>14051 U.S. HWY. 98 BYPASS DADE CITY FL 33523</b>
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2. Principal Place of Business <b>32946 Tyndall Rd.</b>	3. Mailing Address <b>32946 Tyndall Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Zephyrhills, FL</b>	City & State <b>Zephyrhills, FL</b>
Zip <b>33544</b>	Country <b>USA</b>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>PLAZEWSKI, WALTER T 14051 U.S. HWY. 98 BYPASS DADE CITY FL 33523</b>	
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4. FEI Number <b>02-0687289</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>32946 Tyndall Rd.</b>	
City <b>Zephyrhills</b>	Zip Code <b>FL 33544</b>

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 <b>Walter T Plazewski</b> <small>Signature: Typed or printed name of registered agent and title if applicable.</small>	DATE <b>2/19/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLAZESKI, WALTER T 14051 U.S. HWY. 98 BYPASS DADE CITY FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>32946 Tyndall Rd. Zephyrhills, FL 33544</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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.	
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SIGNATURE: <b>Walter T Plazewski</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>2/19/04</b> 813-714-4683 <small>Daytime Phone #</small>
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