


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # P03000042510 1. Entity Name AG LAND MANAGEMENT, INC.	
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Principal Place of Business 32946 TYNDALL RD ZEPHYRHILLS, FL 33544	Mailing Address 32946 TYNDALL RD ZEPHYRHILLS, FL 33544
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0687289	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PLAZEWSKI, WALTER T 32946 TYNDALL RD ZEPHYRHILLS, FL 33544
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DO NOT WRITE IN THIS SPACE

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 <u><i>Walter T Plazewski</i></u> <small>Signature, typed or printed name of registered agent and title is required.</small>	DATE <u>1/16/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLAZEWSKI, WALTER T 32946 TYNDALL RD ZEPHYRHILLS, FL 33544
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<p>U00000793215 01/24/08-80039-017 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.	
SIGNATURE: <u><i>Walter Plazewski</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>1-17-08</u> DAYTIME PHONE <u>813 714 4683</u>