2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000093749

Entity Name: GLADES AGRICULTURE, INC.

FILED Jan 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 205 SW FIRST STREET BELLE GLADE, FL 33430 **Current Mailing Address: New Mailing Address:** 205 SW FIRST STREET P.O. BOX 700 BELLE GLADE, FL 33430 BELLE GLADE, FL 33430 FEI Number: 20-1260239 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: NOWICKI, MARK J NOWICKI, MARK J 14155 US HWY ONE SUITE 210 480 MAPLEWOOD DRIVE JUNO BEACH, FL 334081431 US SUITE 2 JUPITER, FL 33458 US 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: 01/27/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition KNIGHT, S.N. JR KNIGHT, S.N. JR Name: Name: 5603 PENNOCK POINT ROAD 5603 PENNOCK POINT ROAD Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: JUPITER, FL 33458 Title: Title: () Delete (X) Change () Addition Name: HODGE, SHERYL K Name: HODGE, SHERYL K 1303 SE 59TH STREET 1303 SE 59TH STREET Address: Address: OCALA, FL 34480 OCALA, FL 34480 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: KNIGHT, STEPHEN A KNIGHT, STEPHEN A Name: Name: 820 LAGOON LANE 820 LAGOON LANE Address: Address: City-St-Zip: LANTANA, FL 33462 City-St-Zip: LANTANA, FL 33462 Title: () Delete Title: VΡ () Change (X) Addition WILLIAMS, STEVEN L Name: Name: Address: Address: P.O. BOX 700 City-St-Zip: City-St-Zip: BELLE GLADE, FL 33430 Title: Title: () Change (X) Addition () Delete Name: Name: HODGE, ANNA C Address: Address: 1303 SE 59TH STREET City-St-Zip: City-St-Zip: OCALA, FL 34480 Title: () Delete Title: () Change (X) Addition KNIGHT, DOUGLAS A Name: Name: P.O. BOX 730 Address: Address: City-St-Zip: City-St-Zip: BELLE GLADE, FL 33430

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: STEVEN L. WILLIAMS VP 01/27/2005