

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90004 008 ***150.00

DOCUMENT # P04000153688 1. Entity Name SPECIALTY AGRICULTURAL FILMS, INC.					
Principal Place of Business 2334 TIMBERGROVE DRIVE VALRICO, FL 33594-7215			Mailing Address 2334 TIMBERGROVE DRIVE VALRICO, FL 33594-7215		
2. Principal Place of Business 822 LUMSDEN RESERVE DR		3. Mailing Address 822 LUMSDEN RESERVE DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BRANDON, FL		City & State BRANDON, FL		4. FEI Number 20-1898185	
Zip 33511		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRISHAM, THOMAS O 2334 TIMBERGROVE DRIVE VALRICO, FL 33594-7215			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 822 LUMSDEN RESERVE DR City BRANDON FL Zip Code 33511		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRISHAM, THOMAS O 2334 TIMBERGROVE DRIVE VALRICO, FL 335947215 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	822 LUMSDEN RESERVE DR BRANDON, FL 33511 <input checked="" 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 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: <i>Thomas O. Grisham</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<i>3/2/06</i> Date Daytime Phone #		