

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P25386

1. Entity Name
DELTA AND PINE LAND COMPANY



Principal Place of Business
**100 MAIN STREET
P.O. BOX 157
SCOTT, MS 38772**

Mailing Address
**100 MAIN STREET
P.O. BOX 157
SCOTT, MS 38772**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
62-1040440 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
JACOBY, JON E
200 MAIN STREET/P.O. BOX 157
SCOTT, MS 38772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
ROTH, STANLEY P
200 MAIN STREET/P.O. BOX 157
SCOTT, MS 38772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPFT
GREENE, RICKY D
200 MAIN STREET/P.O. BOX 157
SCOTT, MS 38772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HAFTER, JEROME C
200 MAIN STREET/P.O. BOX 157
SCOTT, MS 38772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MURPHY, JOSEPH M
2687 NORTH OCEAN BOULEVARD
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JAGODINSKI, W T
200 MAIN STREET/P.O. BOX 157
SCOTT, MS 38772**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W T Jagodinski
4/13/04

Date

662-742-4700
Daytime Phone #