


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 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
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04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1040440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reappointing)

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000347258 04/30/05-80107-014 150.00
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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 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.

SIGNATURE: R. Greene 4/26/05 662-742-4776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #