

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **62-1040440**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: CD
NAME: JACOBY, JON E ☐ Delete
STREET ADDRESS: 200 MAIN STREET/P.O. BOX 157
CITY-STATE-ZIP: SCOTT MS 38772

TITLE: VCD
NAME: ROTH, STANLEY P ☐ Delete
STREET ADDRESS: 200 MAIN STREET/P.O. BOX 157
CITY-STATE-ZIP: SCOTT MS 38772

TITLE: VPFT
NAME: AVERY, KENNETH ☐ Delete
STREET ADDRESS: 200 MAIN ST
CITY-STATE-ZIP: SCOTT MS 38772

TITLE: S
NAME: HAFTER, JEROME C ☐ Delete
STREET ADDRESS: 200 MAIN STREET/P.O. BOX 157
CITY-STATE-ZIP: SCOTT MS 38772

TITLE: D
NAME: MURPHY, JOSEPH M ☐ Delete
STREET ADDRESS: 2687 NORTH OCEAN BOULEVARD
CITY-STATE-ZIP: BOCA RATON FL 33431

TITLE: D
NAME: JAGODINSKI, W T ☐ Delete
STREET ADDRESS: 200 MAIN STREET/P.O. BOX 157
CITY-STATE-ZIP: SCOTT MS 38772

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

VP Finance

2-23-07

1662-742-4000