



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000002446	
1. Entity Name AGRICULTURAL GROWTH AND DEVELOPMENT, INC.	

Principal Place of Business 3505 HWY 60 E. BARTOW, FL 33830	Mailing Address P.O. BOX 65 ALTURAS, FL 33820 US
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DO NOT WRITE IN THIS SPACE

	
01082004 No Chg-P	CR2E034 (10/03)
4. FEI Number 59-3151096	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 PERDUE, J W 2065 FLAMINGO DR BARTOW, FL 33830	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000030303 02/04/04-80104-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WINSLOW, BLAKE L 6104 TOPHER TRL MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PERDUE, J W 2065 FLAMINGO DR BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DONAHUE, SUSAN E 2065 FLAMINGO DR BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: <u>J.W. Perdue - J.W. Perdue - 1-27-04-868-537-1110</u>	DATE: _____ DAYTIME PHONE: _____