

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000051227

Entity Name: AGRI - SOURCE INC.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4001 N.E. 35TH STREET  
OCALA, FL 34479 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 879  
FRUITLAND PARK, FL 34731 US

**New Mailing Address:**

FEI Number: 59-3255025

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWNE, MARK C  
907 WEST MILLER STREET  
FRUITLAND PARK, FL 34731 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DVST  
Name: MARK C. BROWNE  
Address: 05250 MAGNOLIA TERRACE  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: DP  
Name: SPENCER, RALPH T  
Address: 4001 N.E. 35TH STREET  
City-St-Zip: OCALA, FL 34479

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK C. BROWNE

D

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date