

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000056629

1. Entity Name
FLORIDA AG REALTY, INC.



Principal Place of Business
2558 PARTRIDGE DR
WINTER HAVEN, FL 33884 US

Mailing Address
2558 PARTRIDGE DR
WINTER HAVEN, FL 33884 US

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

08172007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3259726

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROSBY, BENJAMIN E
505 AVENUE A N.W.
#306
WINTER HAVEN, FL 33881

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CROSBY, BENJAMIN E
STREET ADDRESS 505 AVENUE A N.W., SUITE 306
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VP~~ ☒ Delete
NAME ~~CROSBY, DEBORAH M~~
STREET ADDRESS ~~505 AVENUE A N.W., SUITE 306~~
CITY-ST-ZIP ~~WINTER HAVEN, FL 33881~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/07
Date

863 293-5600
Daytime Phone #

FILED

07 AUG 27 PM 3:19

Amended
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

