

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067233

1. Entity Name
LONGREEN FERTILIZER, INC.



FILED
04 FEB 16 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2917 ASHERWOODS RD.
LAKELAND FL 33811

Mailing Address
P.O. BOX 855
MULBERRY FL 33860



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number NOT APPLICABLE

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

WHITTINGTON, ALBERT A

2917 ASHERWOODS RD.

LAKELAND FL 33811

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 A.A. Whittington (Pres.) A.A. Whittington Dec. 23 / 03
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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WHITTINGTON, ALBERT A
2917 ASHERWOODS RD.
LAKELAND FL 33811

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800025776438
12/26/03--01075--005 ***558.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WHITTINGTON, MICHAEL
2917 ASHERWOODS RD.
LAKELAND FL 33811

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800025776438
01/22/04--01021--017 ***191.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WHITTINGTON, ALAN T
2917 ASHERWOODS RD.
LAKELAND FL 33811

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800025776438
02/20/04--01028--006 ***150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: A.A. Whittington (Pres.) A.A. Whittington 12/23/03 863-648-1245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)