## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 27, 2004 8:00 am Secretary of State

DOCUMENT # P96000079000  1. Entity Name PELT SEED, INC.					Secretary of State 04-27-2004 90053 036 ***150.00			
Discipal Disc		6.4-11'		- The state of the	-			
Principal Place of Business Mailing Address  6407 REDDOCK ROAD 6407 REDDOCK ROAD				- ±.,	The second of th		<b>.</b>	
		GRAND RIDGE FL 32442		.,	A CONTRACTOR OF THE PROPERTY O			
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)				
City & State		City & State		4. FEI Number 59-3404765	j 	Applied For Not Applicable		
Zip	Country	Zip	Countr	гу	5. Certificate of Status Desired	Fee	.75 Additional Required	
6. Name and Address of Current Registered Agent  Name and Address of Current Registered Agent					7. Name and Address of New R	egistered Age	nt	
					<u> </u>		: LL 1.127	
HAGGARD & HEYDE 1421 SPOONER ROAD				Street Address (P.O. Box Number is Not Acceptable)				
GRAND RIDGE FL 32442			.	City	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 DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00. Make Check Payable to Florida Department of State					9. Election Campaign Fin Trust Fund Contribution	~ ~	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OFFI	CERS AND DIF	RECTORS IN 11		
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12. Thereby 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 copyrish true and accurate and that my signature shall have the same least effect as if made under only that I am an afficier or director.								

12. I hereby certify that the information supplied with this tiling 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 onth; 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

4-20-4 (850) 592-264;