


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 09, 2004 08:00 AM  
Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P97000043736</b><br>1. Entity Name<br><b>AMERICAN AGRICULTURE, INC.</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>3857 NORTHWEST 9TH AVENUE<br/>OAKLAND PARK, FL 33309</b> | Mailing Address<br><b>3857 NORTHWEST 9TH AVENUE<br/>OAKLAND PARK, FL 33309</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FCI Number<br><b>65-0748337</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**WRIGHT, RAE J  
2931 N.W. 48TH STREET  
TAMARAC, FL 33309**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |  |
|---|---|--|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>WRIGHT, JEFF SCOTT<br>2931 N W 48TH STREET<br>TAMARAC, FL 33309      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPT<br>ROSS, SUSANNAH<br>1532 SW 28TH AVENUE<br>FORT LAUDERDALE, FL 33312 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>WRIGHT, RAE J<br>2931 NW 48TH ST<br>FORT LAUDERDALE, FL 333089       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

UN00000040394  
02/09/04-80070-023 150.00

**DO NOT WRITE  
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)(f), 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: Susannah Ross VPT 2/4/04 954567100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SUSANNAH ROSS