


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90372 030 ***150.00

DOCUMENT # P98000011693
 1. Entity Name
FLORIDA AGRIPROPERTIES, INC.



Principal Place of Business 4050 9TH STREET VERO BEACH, FL 32968	Mailing Address 4050 9TH STREET VERO BEACH, FL 32968
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DO NOT WRITE IN THIS SPACE

40050995



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0809875	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FEE, FRANK H III, ESQ
 401 SOUTH INDIAN RIVER DRIVE
 FORT PIERCE, FL 34950

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEALE, MARY SUE 4511 SW 5TH LANE VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLS, WILLIAM 800 8TH STREET VERO BEACH, FL 32962
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Joseph C. Brantley* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____