



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90015 037 ***150.00

| | | | | | |
|--|---|---------------------------------|---|---|--|
| DOCUMENT # P99000111816 1. Entity Name AGFORCE, INC. | | | |  | |
| Principal Place of Business 31700 SW 212 AVE HOMESTEAD, FL 33030 | | | Mailing Address PO BOX 901504 HOMESTEAD, FL 33090 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 65-0970113 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 54016564  | | | | | |
| 02042004 Chg-P CR2E034 (10/03) | | | | | |
| 6. Name and Address of Current Registered Agent MORENO, OSCAR B 31700 SW 212 AVE HOMESTEAD, FL 33030 AGFORCE INC | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MORENO, OSCAR B 14500 SOUTHWEST 248TH STREET HOMESTEAD, FL 330325308 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OSCAR B 31700 SW 212 AVE HOMESTEAD, FL 33030 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AGFORCE INC 31700 SW 212 AVE HOMESTEAD, FL 33030 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AGFORCE INC 31700 SW 212 AVE HOMESTEAD, FL 33030 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AGFORCE INC 31700 SW 212 AVE HOMESTEAD, FL 33030 | <input type="checkbox"/> Delete | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date 2/27/04 Daytime Phone # (305) 242-5007 | | | | | |