


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90061 011 \*\*\*150.00

**DOCUMENT # S20635**  
 1. Entity Name  
**FLORIDA AGRI MANAGEMENT COMPANY**



Principal Place of Business      Mailing Address  
**23351 N. RIVER ROAD**      **23351 N. RIVER ROAD**  
**ALVA, FL 33920 US**      **ALVA, FL 33920 US**

**DO NOT WRITE IN THIS SPACE**

**20022440**



02222005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0236929**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent  
**BEALE, JOSEPH E., JR.**  
**23351 NORTH RIVER ROAD**  
**ALVA, FL 33920**

**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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE: VPSD  
 NAME: BROWN, EDGAR A.  
 STREET ADDRESS: 13939 INDRIO RD.  
 CITY-ST-ZIP: FT PIERCE, FL

TITLE: PTD  
 NAME: BEALE, JOSEPH E., JR.  
 STREET ADDRESS: ~~18 BEAGULL AVENUE~~ **4511 SW BTA LN**  
 CITY-ST-ZIP: ~~VERO BEACH, FL 32900~~ **VERO BCH, FL 32968**

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
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TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

**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)(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:** Joseph E. Beale, Jr.      **3-13-05**    **772-4730910**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #