


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90064 039 \*\*\*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**



01072008      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>65-0236929</b>	Applied For 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**  
**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and the applicable date. (NOTE: Registered Agent signature required when certifying)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	<del>VP</del> <del>BROWN, EDGAR A.</del> <i>Ed</i> <del>13999 INDRIO RD.</del> <del>FT PIERCE, FL</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PTD</del> <i>PTOS</i> <del>BEALE, JOSEPH E JR</del> <i>Beale, Joseph E Jr</i> <del>4511 SW 8TH AVE</del> <i>23291 N. River Rd.</i> <del>VERO BEACH, FL 32968</del> <i>Alva, Fl. 33920</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Patrick T. McKenna VP</i> <i>70 Mammoth Grove Road</i> <i>Lake Wales, Fl. 33898</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 E. Beale Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR