



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90166 036 \*\*\*150.00

<b>DOCUMENT # V56576</b> 1. Entity Name <b>ASSOCIATED SEED AND PLANT, INC.</b>					
Principal Place of Business <b>803 E. REYNOLDS ST. PLANT CITY, FL 33564</b>			Mailing Address <b>P.O. BOX 816 PLANT CITY, FL 33564 US</b>		
2. Principal Place of Business <b>1141 Gulfstream Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>S 1141 Gulfstream Way</b> <b>C Singer Island, Florida 33404</b>		<b>20053414</b> 	
City & State <b>Singer Is, FL</b>		Country <b>USA</b>		4. FEI Number <b>65-0355564</b>	
Zip <b>33404</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WEYAND, WILLIAM G 1141 GULF STREAM WAY RIVIERA BEACH, FL 33404</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEYAND, WILLIAM G. 1141 GULF STREAM WAY RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BECKHAM, HAROLD 803 E. REYNOLDS ST. PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHISHOLM, MARTHA 1141 GULF STREAM WAY RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>William G. Weyand</u> <u>4/20/05</u> <u>567 758 0646</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		