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2005 FOR PROFIT CORPORATION ANNUAL REPORT

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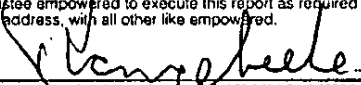
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50004978



01102005 Chg-P CR2E034 (10/03) 05

DOCUMENT # 841281			
1. Entity Name The Lely Corporation of Delaware			
Principal Place of Business PO BOX 437 PELLA, IA 50219 US		Mailing Address PO BOX 437 HIGHWAY 301 SOUTH PELLA, IA 50219 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 51-0098254		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LELY DER, ALEXANDER VAN BUTZENWEG 20 ZUG, SL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alexander van der Lely PO BOX 437 Pella, IA 50219 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LANGE, LUIT 8825 E TAMiami TRAIL NAPLES, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Luke de Lange PO Box 437 Pella, IA 50219 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LELY DER, OLAF VAN BUTZENWEG 20 ZUG, SW ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Olaf van der Lely PO. Box 437 Pella, IA 50219 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WEBB, JEAN HIGHWAY 301 SOUTH WILSON, NC 27884 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGEBEEKE, PETER 8825 TAMiami TRAIL NAPLES, FL 33962 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VISA, PETER 8825 TAMiami TRAIL NAPLES, FL 33962 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Treasurer/Secretary Luke de Lange PO Box 437 Pella, IA 50219 ☒ Change ☐ 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: 		1-18-05 (641)621-7064	
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR		Date Daytime Phone #	