

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90044 011 ***150.00

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1. Entity Name
GAFLA FERTILIZER, INC.



Principal Place of Business
E OGLESBY AVE
QUITMAN, GA 31643 US

Mailing Address
PO BOX 409
QUITMAN, GA 31643 US

54003880



01072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
58-1761185

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE, FL 32303

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **VP** Delete
 NAME **JONES, S.L.**
 STREET ADDRESS **1500 OLD MADISON RD.**
 CITY-ST-ZIP **QUITMAN, GA 31643**

TITLE **P** Delete
 NAME **WORTMAN, HENRY**
 STREET ADDRESS **RT 4 BOX 77**
 CITY-ST-ZIP **QUITMAN, GA 31643**

TITLE **S** Delete
 NAME **CUNNINGHAM, LARRY**
 STREET ADDRESS **COUNTRY CLUN ROAD, P.O BOX 68**
 CITY-ST-ZIP **QUITMAN, GA 31643**

TITLE **T** Delete
 NAME **CUNNINGHAM, LARRY**
 STREET ADDRESS **COUNTRY CLUB RD., P.O. BOX 68**
 CITY-ST-ZIP **QUITMAN, GA 31643**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Vice President** Change Addition
 NAME **Carl White**
 STREET ADDRESS **1681 White Rd**
 CITY-ST-ZIP **Dixie, Ga 31629**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

S.L. Jones
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-04
 Date

(209) 263-9077
 Daytime Phone #