


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 629690
 1. Entity Name
 AGRO SERVICES INTERNATIONAL, INC.



Principal Place of Business Mailing Address
 205 E MICHIGAN AVE 205 E MICHIGAN AVE
 ORANGE CITY, FL 32763 ORANGE CITY, FL 32763

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 56-1031088 Not Applicable

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

6. Name and Address of Current Registered Agent
 HUNTER, ARVEL
 205 E MICHIGAN AVE
 ORANGE CITY, FL 32763

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

UNR000290570
 04/06/05-80070-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNTER, ARVEL 840 CITRUS TREE DR ORANGE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUNTER, CARL 350 OAKAPPLE RD LAKE HELEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUNTER, ALEN 705 LARRY DRIVE DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULLERTON, TERENCE P 227 GARDENIA DRIVE ORANGE CITY, FL 32763
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 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: Terrence Fullerton 4/4/05 3867756601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #