


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 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



02282006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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 \_\_\_\_\_ 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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUNTER, ARVEL
STREET ADDRESS	840 CITRUS TREE DR
CITY-ST-ZIP	ORANGE CITY, FL
TITLE	V
NAME	HUNTER, CARL
STREET ADDRESS	350 OAKAPPLE RD
CITY-ST-ZIP	LAKE HELEN, FL
TITLE	ST
NAME	HUNTER, ALEN
STREET ADDRESS	705 LARRY DRIVE
CITY-ST-ZIP	DELAND, FL
TITLE	V
NAME	FULLERTON, TERRENCE P
STREET ADDRESS	227 GARDENIA DRIVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000453563  
03/14/06-80028-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Terrence Fullerton Terrence Fullerton 02/28/06 386 775 6601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #