


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 629690 1. Entity Name AGRO SERVICES INTERNATIONAL, INC.	
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Principal Place of Business 205 E MICHIGAN AVE ORANGE CITY, FL 32763	Mailing Address 205 E MICHIGAN AVE ORANGE CITY, FL 32763
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-1031088	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007 Fee will be \$550.00

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

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, TERRENCE 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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 04/13/07-80022-003 150.00

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 Date: 04/03/07 Daytime Phone #: 386 775 6601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR