


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000001059


1. Entity Name
AGP GRAIN, LTD INC



Principal Place of Business
12700 W DODGE RD
OMAHA, NE 68154

Mailing Address
12700 W DODGE RD
OMAHA, NE 68154

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 47-0779438	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

NRAI SERVICES INC
2731 EXECUTIVE PARK DR SUITE 4
WESTON, FL 33331

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

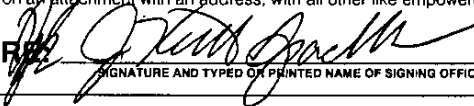
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REAGAN, MARTIN P 12700 W DODGE RD OMAHA, NE 68154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SPACKLER, J KEITH 12700 W DODGE RD OMAHA, NE 68154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KNOBBE, MICHAEL J 12700 W DODGE RD OMAHA, NE 68154
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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  **J. KEITH SPACKLER** DST 1/8/07 402-498-5512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #