

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K79654

Entity Name: AGLIME SALES, INC.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

% RONALD C. JOHNSON
P. O. DRAWER 840
LAKE WALES, FL 338590840 US

New Principal Place of Business:

Current Mailing Address:

% RONALD C. JOHNSON
P. O. DRAWER 840
LAKE WALES, FL 338590840 US

New Mailing Address:

FEI Number: 59-2942009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, RONALD C
202 E STUART AVE.
LAKE WALES, FL 33853 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BASSETT, RAY L
Address: 202 E STUART AVE.
City-St-Zip: LAKE WALES, FL 33853 US

Title: D () Delete
Name: BASSETT, RYAN
Address: 202 EAST STUART AVE
City-St-Zip: LAKE WALES, FL 33853 US

Title: SD () Delete
Name: JAHNA, JAMES A
Address: 202 EAST STUART AVE
City-St-Zip: LAKE WALES, FL 33853 US

Title: D () Delete
Name: PETERSON, GRETCHEN J
Address: 202 EAST STUART AVE
City-St-Zip: LAKE WALES, FL 33853

Title: TD () Delete
Name: JOHNSON, RONALD C
Address: 202 EAST STUART AVE
City-St-Zip: LAKE WALES, FL 33853

Title: VD () Delete
Name: JAHNA, EMIL R
Address: 202 EAST STUART AVE
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BASSETT, RAY L
Address: 202 E STUART AVE.
City-St-Zip: LAKE WALES, FL 33853 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JAHNA, GRETCHEN
Address: 202 EAST STUART AVE
City-St-Zip: LAKE WALES, FL 33853

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMIL R JAHNA

VD

04/25/2007

Electronic Signature of Signing Officer or Director

Date