


**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.	
---	---



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1031088	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

1000000290570
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	

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05
Date

3867756601
Daytime Phone #