

**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
**205 E MICHIGAN AVE
ORANGE CITY, FL 32763**

Mailing Address
**205 E MICHIGAN AVE
ORANGE CITY, FL 32763**



02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1031088

Applied For
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

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, 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, TERENCE 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	

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03/14/06-80028-005 150.00

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