

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jul 10, 2008 08:00 AM
Secretary of State



07072008 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)

U00000954067
07/10/08-80010-001 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Terrence Fullerton 07/07/08 386 775 660 1