

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90166 035 ***150.00

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04142005 Chg-P CR2E034 (10/03)

DOCUMENT # 649406					
1. Entity Name AGRISALES, INC.					
Principal Place of Business 803 E REYNOLDS STREET PLANT CITY, FL 33565 US			Mailing Address P.O. BOX 2060 PLANT CITY, FL 33564-2060 US		
2. Principal Place of Business 1141 Gulfstream way Suite, Apt. #, etc.		3. Mailing Address 1141 Gulfstream way Suite, Apt. #, etc.			
City & State Singer Is. FL		City & State Singer Is. FL		4. FEI Number 59-1984397	
Zip 33404		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEYAND, WILLIAM G. 1141 GULF STREAM WAY RIVIERA BEACH, FL 33404			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEYAND, WILLIAM G.		NAME		
STREET ADDRESS	1141 GULF STREAM WAY		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BCH, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHISHOLM, MARTHA		NAME		
STREET ADDRESS	1141 GULF STREAM WAY		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH, FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUNCAN, SUSAN MARIE		NAME		
STREET ADDRESS	PO BOX 72		STREET ADDRESS		
CITY-ST-ZIP	HOMELAND, FL 33847		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>X William G. Weyand</u> 4/20/05 5617580646 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					