

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90256 033 ***150.00

DOCUMENT # 649406 1. Entity Name AGRISALES, INC.			
Principal Place of Business 1141 GULFSTREAM RAY SINGEIL IS, FL 33404 US		Mailing Address 1141 GULFSTREAM RAY SINGEIL IS, FL 33404 US	
2. Principal Place of Business 1141 GULFSTREAM WAY Suite, Apt. #, etc.		3. Mailing Address 1141 GULFSTREAM WAY Suite, Apt. #, etc.	
City & State RIVIERA BEACH, FL Zip 33404-2774		City & State RIVIERA BEACH, FL Zip 33404-2774	
4. FEI Number 59-1984397		Applied For <input type="checkbox"/> Not Applicable	
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) 1141 GULFSTREAM WAY 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 <i>William G. Weyand</i> DATE 4/4/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete WEYAND, WILLIAM G. 1141 GULF STREAM WAY RIVIERA BCH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1141 GULFSTREAM WAY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete CHISHOLM, MARTHA 1141 GULF STREAM WAY RIVIERA BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1141 GULFSTREAM WAY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete DUNCAN, SUSAN MARIE PO BOX 72 HOMELAND, FL 33847	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>William G. Weyand</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/4/06 Daytime Phone #	

ATTACHMENT

60035768
649406

MALCOLM HAYES

CERTIFIED PUBLIC ACCOUNTANT
503 WEST DRANE STREET SOUTH
P.O. DRAWER BBB
PLANT CITY, FL 33564-9048

(813)754-7531

April 28, 2006

Division of Corporations
Annual Report Section
PO Box 1500
Tallahassee, FL 32302-1500

Please confirm that the following items are enclosed and return the signed duplicate to us in the enclosed stamped, addressed envelope.

<u>Name</u>	<u>Type of Form</u>	<u>Period Ending</u>	<u>Check Amount</u>
A.S.A.P. Farms, Inc.	CR2E034	2005	\$ 150.00
Agrisales, Inc.	CR2E034	2005	150.00
Associated Seed and Plant, Inc.	CR2E034	2005	150.00
Huff Muffler, Inc.	CR2E034	2005	150.00

Received by: _____

Date: _____

Certified Mail Receipt # : 7006 0100 0006 4281 8348
Date Mailed : 04/28/06