

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90004 015 \*\*\*150.00

**DOCUMENT # 680430**

1. Entity Name

AGRICULTURAL LAND SERVICES, INC.



Principal Place of Business

12265 STATE RD. #7  
BOYNTON BEACH FL 33437

Mailing Address

12265 STATE RD. #7  
BOYNTON BEACH FL 33437

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2009318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LINES, BOBBY G  
12265 STATE RD. #7  
BOYNTON BEACH FL 33437

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LINES, RACHEL J	
STREET ADDRESS	968 CLYDESDALE DR	
CITY-ST-ZIP	LOXAHATCHEE, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LINES, BOBBY G	
STREET ADDRESS	968 CLYDESDALE DR	
CITY-ST-ZIP	LOXAHATCHEE, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	FINDEISEN, MARY	
STREET ADDRESS	8347 N.W. 44TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ENGLEHARDT, JOHN	
STREET ADDRESS	117 SPANISH PINE TERR	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHEPPARD, ROGERS L.	
STREET ADDRESS	523 ENFIELD ROAD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

*Rachel J. Lines*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RACHEL J. LINES

2-10-04 561-732-6105  
Date Daytime Phone #