2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 2

## Apr 12, 2005 8:00 am DOCUMENT # F01000000490 Secretary of State 04-12-2005 90120 029 \*\*\*150.00 AG WAREHOUSE & PACKING, INC. Principal Place of Business Mailing Address 3101 STONYBROOK DR SUITE 108 3101 STONYBROOK DR 40003444 SUITE 108 RALEIGH NC 27604 RALEIGH NC 27604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 56-2061842 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Number is Not Acceptable) City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE Change ☐ Addition TITLE Juseph E. MCGLE DAVIS, JR., ME NAME NAME 292's Huntligh Dr. STREET ADDRESS STREET ADDRESS 3101 STONYBROOK DR RALEIGH NC CITY+ST-ZIP Raligh, NC 2760+ CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE MCGEE, MICHAEL J NAME NAME STREET ADDRESS STREET ADDRESS 2925 HUNTLEIGH DR RALEIGH NC 27604 CITY+ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete MCGEE OXFORD, LEE ANNE NAME STREET ADDRESS STREET ADDRESS 2925 HUNTLEIGH DR., SUITE 204 CULY-ST-7P CITY-ST-7IP RALEIGH NC 27604 ☐ Delete Change ☐ Addition TELLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 by 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

3/18/05 919-981-8086
Destrict Phone #