

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2006 8:00 am**  
**Secretary of State**

06-08-2006 90001 020 \*\*\*550.00

**DOCUMENT # F05000002390**

1. Entity Name  
**AGCERT SERVICES (USA), INC.**



Principal Place of Business  
**1901 S. HARBOR CITY BLVD STE 300-400  
MELBOURNE, FL 32901**

Mailing Address  
**1901 S. HARBOR CITY BLVD STE-300400  
MELBOURNE, FL 32901**

**40095031**



2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>20-2289226</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State		City & State			
Zip	Country	Zip	Country		

06052006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		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 \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	DT BISHOP, ALAN M 1901 S. HARBOR CITY BLVD STE 300 MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gregory W. HASKELL 1901 S. Harbor City BLVD STE 400 MELbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SZOSTAK, DAVID P 1901 S. HARBOR CITY BLVD STE 300 MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN McHARRIS 1901 S. Harbor City BLVD STE 400 MELbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAGIDA, STEPHEN A 303 S BROADWAY STE 229 TARRYTOWN, NY 10591 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARTIN W. GILLIN 1901 S. Harbor City BLVD STE 400 MELbourne, FL 32901
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:**

*Alan M. Bishop*  
**ALAN M. BISHOP**

**6/5/06 321-409-7801**  
Date Daytime Phone #