

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000005321**

Entity Name

**AG CHEMICALS & EQUIPMENT CO., INC.**



Principal Place of Business

**10539 MAYBANK  
DALLAS, TX 75220**

Mailing Address

**P.O. BOX 542708  
DALLAS, TX 75354-2708**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-1183467</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ST CORPORATION SYSTEM  
200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**OFFICERS AND DIRECTORS**

TITLE	PCD	
NAME	WRIGHT, THOMAS L	
HOME ADDRESS	10539 MAYBANK	
CITY-STATE-ZIP	DALLAS, TX 75220	
TITLE	V	
NAME	SHEFFIELD, RONNIE L	
HOME ADDRESS	10539 MAYBANK	
CITY-STATE-ZIP	DALLAS, TX 75220	
TITLE	T	
NAME	INGRAM, JOHN	
HOME ADDRESS	10539 MAYBANK	
CITY-STATE-ZIP	DALLAS, TX 75220	
TITLE		
NAME		
HOME ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
HOME ADDRESS		
CITY-STATE-ZIP		

U00000397280  
01/30/06-80044-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/06 214357 5741