


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90021 024 \*\*\*158.75

**DOCUMENT # F06000006542**


1. Entity Name  
**AMERICAN AGRI-BUSINESS INSURANCE COMPANY**



Principal Place of Business 7101 82ND ST LUBBOCK, TX 79424	Mailing Address 7101 82ND ST LUBBOCK, TX 79424
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**DO NOT WRITE IN THIS SPACE**

40028077



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number 74-1556924	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SCHEEF, SAMUEL R 7101 82ND ST LUBBOCK, TX 79424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETHEREDGE, TED 7101 82ND ST LUBBOCK, TX 79424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TEAGUE, DAVID L 7101 82ND ST LUBBOCK, TX 79424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MICHAEL W 7101 82ND ST LUBBOCK, TX 79424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO JONES, MICHAEL W 7101 82ND ST LUBBOCK, TX 79424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETHEREDGE, TED 7101 82ND ST LUBBOCK, TX 79424

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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: Michael W. Jones, CFO 2/23/07 (806) 433-0341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #