

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # F93000001470

1. Entity Name
AGRI-BUSINESS TECHNOLOGIES, INC.



Principal Place of Business
**1102 THIRD AVENUE
ALBANY, GA 31707**

Mailing Address
**1102 THIRD AVENUE
ALBANY, GA 31707**



07072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1819246

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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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 _____

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DEMUYNK, TY J
1102 THIRD AVE
ALBANY, GA 31707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SHIPP, W.I.
2226 DAWN HILL DRIVE
CHARLESTON, SC 29414**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DAVIS, BOBBIE G
554 STOCKS DAIRY ROAD
LEESBURG, GA 31763**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HOLTON, HOWARD L
1102 THIRD AVE
ALBANY, GA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000371951
07/11/05-80011-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Bobbie G. Davis **Bobbie G. Davis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/05
Date

Daytime Phone # _____