

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90103 014 ***150.00

DOCUMENT # F94000004143

1. Entity Name
AGROIRON, INC.



Principal Place of Business
**316 BARTOW MUNICIPAL AIRPORT
BARTOW, FL 33830**

Mailing Address
**316 BARTOW MUNICIPAL AIRPORT
BARTOW, FL 33830**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3250181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRITT, DANIEL L
316 BARTOW MUNICIPAL AIRPORT
BARTOW, FL 33830**

7. Name and Address of New Registered Agent

Name **Robert Livengood**

Street Address (P.O. Box Number is Not Acceptable)

316 Bartow Municipal Airport

City **Bartow**

FL

Zip Code

33830-8727

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

Robert Livengood - Robert Livengood

4/21/06

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

10. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	HJERSTED, LAWRENCE	
STREET ADDRESS	316 BARTOW MUNICIPAL AIRPORT	
CITY-ST-ZIP	BARTOW, FL 338308727	
TITLE	D	<input type="checkbox"/> Delete
NAME	REHBERG, BOBBY	
STREET ADDRESS	316 BARTOW MUNICIPAL AIRPORT	
CITY-ST-ZIP	BARTOW, FL 338308727	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MARKER, JOHN	
STREET ADDRESS	316 BARTOW MUNICIPAL AIRPORT	
CITY-ST-ZIP	BARTOW, FL 338308727	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRITT, DANIEL	
STREET ADDRESS	406 ANDERSON DR	
CITY-ST-ZIP	AUBURNDAL, FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Livengood	
STREET ADDRESS	316 Bartow Municipal Airport	
CITY-ST-ZIP	Bartow, FL 33830-8727	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Livengood	
STREET ADDRESS	3624 Cord Grass Dr	
CITY-ST-ZIP	Valrico, FL 33594-9255	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Robert Livengood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06

Date

863-533-5990

Daytime Phone #