

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 8:00 am**  
**Secretary of State**

07-10-2007 90007 017 \*\*\*158.75

**DOCUMENT # F98000002307**

1. Entity Name  
**AGRICO SALES INC.**



Principal Place of Business  
**3413 RIVER RD  
WESTWEGO, LA 70094**

Mailing Address  
**POB 9297  
BRIDGE CITY, LA 70096**

**DO NOT WRITE IN THIS SPACE**



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**75-2191545**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

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

**C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
FORT LAUDERDALE, FL 33324**

**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

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 14, 2007**

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	P
NAME	KELLY, FRANK
STREET ADDRESS	3413 RIVER RD
CITY-ST-ZIP	WESTWEGO, LA 70094
TITLE	VP
NAME	KELLY, CAROLYN
STREET ADDRESS	3413 RIVER RD
CITY-ST-ZIP	WESTWEGO, LA 70094
TITLE	VP
NAME	<del>WEEKS, ROBERT</del> <i>RIECK ROBERT</i>
STREET ADDRESS	3413 RIVER RD
CITY-ST-ZIP	WESTWEGO, LA 70094
TITLE	VP
NAME	WEEKS, DAVID
STREET ADDRESS	PO BOX 394
CITY-ST-ZIP	WIGGINS, MS 39577
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Frank Kelly*

*Frank Kelly*

*7/6/07*

*504 436 9400*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #