

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K45261**

1. Entity Name

**TERRY'S AG SALES & SERVICE, INC.**



Principal Place of Business

**3339 216TH ST  
LAKE CITY, FL 32024 US**

Mailing Address

**3339 216TH ST  
LAKE CITY, FL 32024 US**



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2918597**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**BOSSERMAN, ROBERT T.  
3339 216TH ST  
LAKE CITY, FL 32024**

**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  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BOSSERMAN, ROBERT TERRY
STREET ADDRESS	3339 216TH ST
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	S
NAME	BOSSERMAN, JANET J
STREET ADDRESS	3339 216 ST
CITY-ST-ZIP	LK CITY, FL 32024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000939379  
05/28/08-80025-017 150.00

**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

*Dr. J. Bosserman-Janet J. Bosserman* Sec/Treasurer

4/24/08

386 935 2872