


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90016 045 ***158.75

DOCUMENT # L70062 1. Entity Name AGRI-MECH, INC.	
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Principal Place of Business 2089 N CROOKED BRANCH DRIVE LECANTO, FL 34461	Mailing Address 2089 N CROOKED BRANCH DRIVE LECANTO, FL 34461
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40033606



03112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0188200	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DE BEER, HEIN 2089 N CROOKED BRANCH DRIVE LECANTO, FL 34461
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBEER, GERHARD 2089 N CROOKED BRANCH DRIVE LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE BEER, HEIN 2089 N CROOKED BRANCH DRIVE LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE BEER, MARINA 2089 N CROOKED BRNACH DRIVE LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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: <u>MARINA DE BEER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3-10-05</u> Daytime Phone # <u>352-249-9190</u>