

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90034 010 ***158.75

DOCUMENT # L70062

1. Entity Name

AGRI-MECH, INC.



Principal Place of Business

~~2089 N CROOKED BRANCH DRIVE~~
~~LECANTO FL 34461~~

Mailing Address

~~2089 N CROOKED BRANCH DRIVE~~
~~LECANTO FL 34461~~

2. Principal Place of Business - No P.O. Box #

17 S. Melbourne Street

3. Mailing Address

17 S. Melbourne Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Beverly Hills Florida

City & State

Beverly Hills Florida

Zip

34465

Country

USA

Zip

34465

Country

USA

4. FEI Number

65-0188200

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE BEER, HEIN

~~2089 N CROOKED BRANCH DRIVE~~
~~LECANTO FL 34461~~

7. Name and Address of New Registered Agent

Name

DE BEER, HEIN

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

17 S. Melbourne Street

City

Beverly Hills

FL

Zip Code

34465

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 fee, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DEBEER, GERHARD	
STREET ADDRESS	2089 N CROOKED BRANCH DRIVE	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE BEER, HEIN	
STREET ADDRESS	2089 N CROOKED BRANCH DRIVE	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE BEER, MARINA	
STREET ADDRESS	2089 N CROOKED BRNACH DRIVE	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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 Section 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:

Marina De Beer

MARINA DE BEER

1-30-08

352-249-9190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #