

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000641

FILED
Jan 10, 2006
Secretary of State

Entity Name: HCCGA AGRISERVICES, INC.

Current Principal Place of Business:

#8 RAILROAD AVE
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 337
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 59-3615721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROADWAY, DENNIS P
2050 W LAKE HAMILTON DR
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TURNER, ROBERT
Address: 304 LOCHEN CIRCLE SE
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: 1VD () Delete
Name: BAUKNIGHT, JAMES
Address: 5600 E IRLO BRONSON HWY
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: 2VD () Delete
Name: BENTLEY, PAT
Address: 1300 ISLAND WAY S/E
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: ST () Delete
Name: HAMRICK, H R
Address: 17901 HOLLY BROOK DR
City-St-Zip: TAMPA, FL 33647 US

Title: D () Delete
Name: MCTEER, HAROLD
Address: 3152 BEAUCHAMP COURT
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: D () Delete
Name: ROCKER, TOM
Address: 2740 SEQUOYAH
City-St-Zip: HAINES CITY, FL 33844 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H R HAMRICK

Electronic Signature of Signing Officer or Director

ST

01/10/2006

_____ Date