


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|--|---------------------------------|--|---|--|
| DOCUMENT # P00000086629 | | | |  | |
| 1. Entity Name AG MECH SERVICES, INC. | | | | | |
| Principal Place of Business 5600 SW 1ST ST. VERO BEACH FL 32968 | | | Mailing Address P.O. BOX 133 VERO BEACH FL 32961 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt #, etc. | | | Suite, Apt #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-1043581 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent ZERAN, KURT F 5600 S.W. 1ST ST. VERO BEACH FL 32968 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTS ZERAN, KURT F 5600 SW 1ST ST VERO BEACH FL 32968 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | U00000048068 02/12/04-80065-018 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MORAN, JAMES H 1375 SW 69TH AVENUE VERO BEACH FL 32968 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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MOORE CR2E034 (11/03)

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: Kurt Zeran Kurt Zeran President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04
Date

772-567-4405
Daytime Phone #