

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90002 039 ***150.00

DOCUMENT # P03000091320

1. Entity Name
BBC AG SERVICES INC.



Principal Place of Business
**8207 BAYARD RD
FT PIERCE, FL 34951**

Mailing Address
**8207 BAYARD RD
FT PIERCE, FL 34951**



08292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0170499

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HORTON, BENJAMIN A
8207 BAYARD RD
FT PIERCE, FL 34951**

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | P |
| NAME | HORTON, BENJAMIN A |
| STREET ADDRESS | 8207 BAYARD RD |
| CITY-ST-ZIP | FT PIERCE, FL 34951 |
| TITLE | ST |
| NAME | HORTON, MICHELE |
| STREET ADDRESS | 8207 BAYARD RD |
| CITY-ST-ZIP | FT PIERCE, FL 34951 |
| 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 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:

ST. Michele Horton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/07

Date

(772) 489-9593

Daytime Phone #