2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 08, 2006 8:00 am **Secretary of State** DOCUMENT # P04000154657 1. Entity Name 02-08-2006 90011 042 ***158.75 AG-VANTAGE SPREADER SERVICE, INC. Principal Place of Business Mailing Address 6756 SW 13TH STREET 6756 SW 13TH STREET OKEECHOBEE FL 34974 OKEECHOBEE FL 34974 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FE! Number 65-1239313 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHERRY, KARON Street Address (P.O. Box Number is Not Acceptable) 6756 SW 13TH STREET OKEECHOBEE FL 34974 City 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. <u>1-25-06</u> FILE NOW!!! FEE IS \$150.00 " \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. ☐ Change Addition DP TITLE TITLE ☐ Delete NAME CHERRY, KARON NAME STREET ADDRESS STREET ADDRESS 6756 SW 13TH STREET CITY-ST-ZIP OKEECHOBEE FL 34974 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE ETHERTON, RYAN NAME STREET ADDRESS 6756 SW 13TH STREET STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 34974 CITY-ST-ZIP ☐ Change Addition THUE ☐ Delete THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

863-763- 3410 863-634-1882

FILED

40010635

Marriage Certificate
County of Sevier

Malcolm Ryan Etherton This certifies that

DOB: 09/13/1960 Les. Mike Simpson

Holy Bonds of Matrimony

3005 , as appears of record in my

in the year of our Lord____

2005 office in Marria ge Record Book 592

322

December -day of Sevier County Clerk