

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90205 038 ***150.00

DOCUMENT # P05000087286		
1. Entity Name AG-SCAPE SERVICES, INC.		

Principal Place of Business 2055 DEROSA DR VERO BEACH, FL 32960	Mailing Address 2055 DEROSA DR VERO BEACH, FL 32960
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2. Principal Place of Business <u>1344-33RD AVE. SW</u>	3. Mailing Address <u>1344-33RD AVE. SW</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>VERO BEACH, FL.</u>	City & State <u>VERO BEACH, FL.</u>
Zip <u>32968</u>	Zip <u>32968</u>
Country <u>INDIAN RIVER</u>	Country <u>INDIAN RIVER</u>

6. Name and Address of Current Registered Agent	
BARRY, WILLIAM T 1344 33RD AVE SW VERO BEACH, FL 32968	

01192006	Chg-P	CR2E034 (11/05)
4. FEI Number <u>59-3816658</u>		Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY, WILLIAM T 2055 DEROSA DR VERO BEACH, FL 32960 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P/D/T</u> BARRY, WILLIAM T. 1344 33RD AVE. SW VERO BEACH, FL 32968 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY, SHANE R 2055 DEROSA DR VERO BEACH, FL 32960 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V</u> BARRY, SHANE R. 1344 33RD AVE. SW VERO BEACH, FL 32968 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [Signature] 4-10-06 772-473-7150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #