2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000060268

1. Entity Name
AERIAL CROP PROTECTION, INC.

Principal Place of Business	Mailing Address
50 AIRPORT ROAD BELLE GLADE, FL 33430	50 AIRPORT ROAD BELLE GLADE, FL 33430

DO NOT WRITE IN THIS SPACE

01102007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-4770022	Not Applicable

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

6. Name and Address of Current Registered Agent

FIELDS, PRESTON J SR.
11211 PROSPERITY FARMS ROAD
SUIRE C-301
PALM BEACH GARDENS, FL 33410

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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

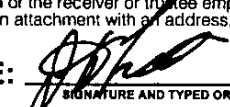| **FILE NOW!!! FEE IS $150.00** **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PVD
NAME	LEE, J.D. III
STREET ADDRESS	50 AIRPORT ROAD
CITY-ST-ZIP	BELLE GLADE, FL 33430

TITLE	STD
NAME	STAMM, DEENA
STREET ADDRESS	50 AIRPORT ROAD
CITY-ST-ZIP	BELLE GLADE, FL 33430

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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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: _____   J.D. Lee III   1/11/07   561-996-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #