

# FOR-PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED

11 JUN 30 AM 5:20

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 008000110929

1. Entity Name

AG Land Services Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

270 Torrey Rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 863

Suite, Apt. #, etc.

City & State

Bowling Green FL

City & State

Bowling Green FL

4. FEI Number

26-4045601

Applied For

Not Applicable

Zip

33834

Country

Hardee

Zip

33834

Country

Hardee

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Erica Scheepsmeyer

Street Address (P.O. Box Number is Not Acceptable)

270 Torrey Rd

City

Bowling Green

FL

Zip Code

33834

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

*Erica Scheepsmeyer*

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when re-instating)

DATE

5/6/11

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$350.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

E-mail Address:

ericas.cpa@gmail.com

E-mail address to be used for future annual report notices.

10.

OFFICERS AND DIRECTORS

TITLE

P

NAME

Carl Anthony Scheepsmeyer

STREET ADDRESS

270 Torrey Rd

CITY - ST - ZIP

Bowling Green FL 33834

TITLE

VP

NAME

Erica Scheepsmeyer

STREET ADDRESS

270 Torrey Rd

CITY - ST - ZIP

Bowling Green FL 33834

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

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05/06/11--01045--002 \*\*150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

*Erica Scheepsmeyer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/11

DATE

863-375-4452

Daytime Phone #

7/1/11