


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90261 012 \*\*\*150.00

<b>DOCUMENT # P92000014026</b>	
1. Entity Name <b>AGCHEMCO, INC.</b>	

Principal Place of Business <b>1180 SPRING CENTRE SOUTH BLVD. SUITE 102 ALTAMONTE SPRINGS, FL 32714 US</b>	Mailing Address <b>1180 SPRING CENTRE SOUTH BLVD. SUITE 102 ALTAMONTE SPRINGS, FL 32714 US</b>
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**14009889**



2. Principal Place of Business <b>800 Trafalgar Ct Suite 320 Maitland, FL 32751 Orange</b>	3. Mailing Address <b>800 Trafalgar Ct. Suite 320 Maitland, FL 32751 Orange</b>
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02072005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3159870</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>DOUGLASS, SPENCER G 2510 KIOWA TRAIL FERN PARK, FL 32730</b>	7. Name and Address of New Registered Agent Name <b>Spencer G. Douglass</b> Street Address (P.O. Box Number is Not Acceptable) <b>965 Bearded Oaks Terrace</b> City <b>Longwood</b> FL Zip Code <b>32779</b>
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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 *Spencer G. Douglass Pres.* DATE *4/28/05*  
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>D DOUGLASS, SPENCER G. 965 BEARDED OAKS TERRACE LONGWOOD, FL 32779</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Spencer G. Douglass Pres.* DATE *4/28/05* DAYTIME PHONE # *407-682-6100*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR