



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90218 023 ***150.00

DOCUMENT # P93000076542 1. Entity Name WARD-AG TERMINAL, INC.							
Principal Place of Business 2310- A DOBBS ROAD SAINT AUGUSTINE, FL 32086 US			Mailing Address 225 BLUEBIRD LANE ST. AUGUSTINE, FL 32080 US				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04212006 Chg-P CR2E034 (11/05) 4. FEI Number 59-3209153 <table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
City & State		City & State					
Zip	Country	Zip	Country				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent KEASLER, FRANK R JR SAN PABLO OFFICE PARK 4309 PABLO OAKS CT. STE. 200 JACKSONVILLE, FL 32224			
7. Name and Address of New Registered Agent Name KEASLER, FRANK R., JR. Street Address (P.O. Box Number is Not Acceptable) KEASLER LAW FIRM 10407 CENTURION PKWY., Suite 112 City JACKSONVILLE FL Zip Code 32256-0526							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WARD, GAIL S. 225 BLUEBIRD LANE ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete					
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: <u>Gail S. Ward</u> 4-24-06 904-471-5011 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							