

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90028 049 \*\*\*150.00

|                                                                        |  |                                                                                   |
|------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P94000026808</b>                                         |  |  |
| 1. Entity Name<br><b>UNITED AGRICULTURAL SERVICES OF AMERICA, INC.</b> |  |                                                                                   |

|                                                                            |                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br><b>8721 CASPER AVE<br/>HUDSON, FL 34667</b> | Mailing Address<br><b>8721 CASPER AVE<br/>HUDSON, FL 34667</b> |
|----------------------------------------------------------------------------|----------------------------------------------------------------|

|                                                                      |                                          |
|----------------------------------------------------------------------|------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>534 CR 529A</b> | 3. Mailing Address<br><b>534 CR 529A</b> |
| Suite, Apt. #, etc.                                                  | Suite, Apt. #, etc.                      |

|                                             |                                             |
|---------------------------------------------|---------------------------------------------|
| City & State<br><b>Lake Panasoffkee, FL</b> | City & State<br><b>Lake Panasoffkee, FL</b> |
| Zip<br><b>33538</b>                         | Zip<br><b>33538</b>                         |
| Country                                     | Country                                     |

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01112008 Chg-P CR2E034 (12/06)

|                                                                                                                     |  |                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. FEI Number<br><b>65-0480670</b>                                                                                  |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                           |  | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                    |
| 6. Name and Address of Current Registered Agent<br><b>PECSENKA, MARK A<br/>8721 CASPER AVE<br/>HUDSON, FL 34667</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>534 CR 529A</b><br>City <b>Lake Panasoffkee</b> FL Zip Code <b>33538</b> |

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 *Mark A Pecsenka* DATE **3-31-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                                                               |                                                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>PECSENKA, LAJOS G P<br>8721 CASPER AVE<br>HUDSON, FL 34667 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>534 CR 529A<br/>Lake Panasoffkee, FL 33538</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>PECSENKA, MARK A VP<br>534 CR 529A<br>LAKE PANASOFFKEE, FL 33538 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DIR<br>PECSENKA, GYORGY DIR<br>534 CR 529A<br>LAKE PANASOFFKEE, FL 33538 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DIR<br>PECSENKA, HILDA E DIR<br>534 CR 529A<br>LAKE PANASOFFKEE, FL 33538 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: *Mark A Pecsenka* DATE **3-31-08** DAYTIME PHONE **352-6793-1682**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR