

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-04-2006 90243 020 ***150.00

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1. Entity Name
J & J AG PRODUCTS, INC.



Principal Place of Business
**PO BOX 70
CLEWISTON, FL 33440**

Mailing Address
**PO BOX 70
CLEWISTON, FL 33440**

66019872



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0501508

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MICKLER, ALVA J JR
STATE ROAD 832 AND DAVIDSON RD
CLEWISTON, FL 33440**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MICKLER, ALVA J JR
STREET ADDRESS	1834 DAVIDSON RD
CITY- ST- ZIP	CLEWISTON, FL 33440
TITLE	VD
NAME	MICKLER, ALVA J SR
STREET ADDRESS	1834 DAVIDSON RD
CITY- ST- ZIP	CLEWISTON, FL 33440
TITLE	ST
NAME	MICKLER, ELENA P.
STREET ADDRESS	1834 DAVIDSON RD
CITY- ST- ZIP	CLEWISTON, FL 33440
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Alva J Mickler Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06
Date

863 983 2900
Daytime Phone #