### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P95000083354

US

1. Entity Name
AGRO-TEC INTERNATIONAL, INC.



FILED Feb 15, 2007 08:00 A Secretary of State

Principal Place of Business

147 SAUSALITO DRIVE BOYNTON BCH, FL 33436 Mailing Address

147 SAUSALITO DRIVE BOYNTON BCH, FL 33436

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### DO NOT WRITE IN THIS SPACE

02132007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0671599 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, KENNETH H 147 SAUSALITO DRIVE BOYNTON BEACH, FL 33436

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the obligati	named entity submits this statement for the pons of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE_	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	U00000637196 02/26/07-80050-018 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME Street address City-St-Zip	PD KING, KENNETH H 147 SAUSALITO DRIVE BOYNTON BEACH, FL 33436				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, DAVID M 1900 S CONFERENCE DRIVE BOCA RATON, FL 33486				

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TITLE NAME KING, LOUISE M STREET ADDRESS 147 SAUSALITO DRIVE CITY-ST-ZIP BOYNTON BEACH, FL 33436 TITLE **GERRY K KING** MALIC STREET ADDRESS 9804 SW 98TH AVENUE GAINESVILLE, FL 32608 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

SMATURE AND AFFED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/13/67 56/-733-4884