

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P05000092740 1. Entity Name ASSOCIATED AG SERVICES, INC.	
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Principal Place of Business 3919 LEAF ROAD SEBRING, FL 33875	Mailing Address 3919 LEAF ROAD SEBRING, FL 33875 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SILLMAN, HAROLD 3919 LEAF ROAD SEBRING, FL 33875	DO NOT WRITE IN THIS SPACE
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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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILLMAN, HAROLD 3919 LEAF ROAD SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SILLMAN, MICHAEL 1921 S. PALMETTO AVE. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILLMAN, KEN 1040 SW 15 ST. BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/03/05-80025-013 150.00

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: Harold Sillman HAROLD SILLMAN 3/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #