

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90178 032 \*\*\*150.00

**DOCUMENT # P95000092740**

1. Entity Name

ASSOCIATED AG SERVICES, INC.



Principal Place of Business

3919 LEAF ROAD  
SEBRING, FL 33875

Mailing Address

3919 LEAF ROAD  
SEBRING, FL 33875 US

66017239



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0628101

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

SILLMAN, HAROLD  
3919 LEAF ROAD  
SEBRING, FL 33875

**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

*Harold Sillman*  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/06

**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  
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**

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 other like empowered.

SIGNATURE:

*Harold Sillman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Harold Sillman*

Date

*5/2/06*

Daytime Phone #

*863 385 2134*