

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

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



01062007 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

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, 2007 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	

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04/11/07-80025-021 150.00

**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:

Harold Sillman HAROLD SILLMAN

Date

Daytime Phone #

4/1/07