2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State
04-12-2005 90132 035 ***150.00

DOCUMENT # P97000028721

1. Entity Name

AG-TRONIX INC

Principal Place of Business	Mailing Address
1255 N. 15TH STREET UNIT #3 IMMOKALEE FL 34142	POST OFFICE BOX 5241 IMMOKALEE FL 34143

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
1304 N 15th Street	1304 N 15th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Immokalee, FL	City & State: Immokalee, FL
Zip: 34142 Country: Collier	Zip: 34142 Country: Collier

4. FEI Number 65-0736908 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TUTEN, SONYA L
1255 N. 15TH STREET
UNIT 3
IMMOKALEE FL 34142

7. Name and Address of New Registered Agent

Name: Sonya L Tuten
Street Address (P.O. Box Number is Not Acceptable): 1304 N 15th Street
City: Immokalee FL Zip Code: 34142

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: Sonya L Tuten
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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	TUTEN, SONYA L	
STREET ADDRESS	1255 N. 15TH STREET STE 3	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☑ Change ☐ Addition
NAME	Sonya L Tuten	
STREET ADDRESS	1304 N 15th Street	
CITY-ST-ZIP	Immokalee, Fl 34142	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Sonya L Tuten Sonya L Tuten 4-4-05 239 657-5519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #