

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000095415

1. Entity Name
A T P AGRI-SERVICES, INC.



**FILED
May 04, 2005 8:00 am
Secretary of State**

05-04-2005 90147 033 ***150.00

20057568



04292005 Chg-P CR2E034 (10/03)

Principal Place of Business
1968 RAMON PETTEWAY RD
ZOLFO SPRINGS, FL 33890

Mailing Address

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip

City & State

4. FEI Number
65-0794406

Applied For
Not Applicable

Country

Country

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
MCKIBBEN, JEFF J ESQ.
106 S 5TH AVE, STE B
WAUCHULA, FL 33873

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD Delete
NAME PACE, ANDREW
STREET ADDRESS 1968 RAMON PETTEWAY RD
CITY-ST-ZIP WAUCHULA, FL 33873

Change Addition

TITLE D Delete
NAME PACE, LEWIS
STREET ADDRESS 1968 RAMON PETTEWAY RD
CITY-ST-ZIP WAUCHULA, FL 33873

Change Addition

TITLE PD Delete
NAME PACE, ANDREW
STREET ADDRESS 1968 RAMON PETTEWAY RD
CITY-ST-ZIP WAUCHULA, FL 33783

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05

Date

Daytime Phone #