

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000095415

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

FILED
Jan 20, 2006
Secretary of State

Current Principal Place of Business:

1968 RAMON PETTEWAY RD
ZOLFO SPRINGS, FL 33890

New Principal Place of Business:

Current Mailing Address:

1968 RAMON PETTEWAY RD
ZOLFO SPRINGS, FL 33890

New Mailing Address:

P.O. BOX 1416
WAUCHULA, FL 33873

FEI Number: 65-0794406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKIBBEN, JEFF J ESQ.
106 S 5TH AVE, STE B
WAUCHULA, FL 33873 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: PACE, ANDREW
Address: 1968 RAMON PETTEWAY RD
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: PACE, LEWIS
Address: 1968 RAMON PETTEWAY RD
City-St-Zip: WAUCHULA, FL 33873

Title: PD () Delete
Name: PACE, ANDREW
Address: 1968 RAMON PETTEWAY RD
City-St-Zip: WAUCHULA, FL 33783

Title: S () Delete
Name: PERRY, MELISSA
Address: 1968 RAMON PKWY RD
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: PACE, ANDREW
Address: 1968 RAMON PETTEWAY RD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D (X) Change () Addition
Name: PACE, LEWIS
Address: 1968 RAMON PETTEWAY RD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: PD (X) Change () Addition
Name: PACE, ANDREW
Address: 1968 RAMON PETTEWAY RD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: S (X) Change () Addition
Name: PERRY, MELISSA
Address: 1968 RAMON PETTEWAY RD
City-St-Zip: WAUCHULA, FL 33873

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW PACE

CEO

01/20/2006

Electronic Signature of Signing Officer or Director

_____ Date