

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000095415

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

FILED
Jan 12, 2008
Secretary of State

Current Principal Place of Business:

1968 RAMON PETTEWAY RD
ZOLFO SPRINGS, FL 33890

New Principal Place of Business:

1906 MEL BRYAN ROAD
ZOLFO SPRINGS, FL 33890

Current Mailing Address:

P.O. BOX 1416
WAUCHULA, FL 33873

New Mailing Address:

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: ZOLFO SPRINGS, FL 33890

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: PACE, ANDREW
Address: 1963 RAMON PETTEWAY RD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: PACE, ANDREW T
Address: 1963 RAMON PETTEWAY RD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: S (X) Change () Addition
Name: PACE, MELISSA A
Address: 1963 RAMON PETTEWAY RD
City-St-Zip: WAUCHULA, FL 33873

I hereby certify that the information supplied with this filing does not qualify 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: MELISSA A. PACE

S

01/12/2008

Electronic Signature of Signing Officer or Director

Date