FILED 2005 FOR PROFIT CORPORATION **ANNUAL REPORT** Jan 31, 2005 08:00 AN **DOCUMENT # V67859 Secretary of State** 1. Entity Name AGRICULTURAL SERVICES INTERNATIONAL, INC. Principal Place of Business Mailing Address 15838 ORANGE AVE 1416 48TH COURT FORT PIERCE, FL. 34945 VERO BEACH, FL 32966 01032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3145907 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MARINE, DOUGLAS J. DO NOT WRITE 1416 48TH COURT VERO BEACH, FL 32966 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 lamillar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rematating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIS FEE IS \$150.00 600000206137 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 01/31/05-80073-006 150.00 10. OFFICERS AND DIRECTORS TITLE MARINE, DOUG NAME STREET ADDRESS 1415 48TH COURT CITY-S1-ZIP VERO BEACH, FL 32966 TITLE NAME STREET ADDRESS CITY-SI-ZIP ئا ئىسىدىيىلى ئان ئاتتىنىلىلىكى ئىسىرىلادان TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP BILE NAME STREET ADDRESS CITY-ST-28P TITLE

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 true ee 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:

NAME STREET ADDRESS C11Y-S1-Z0P

> SIGNATURE AND TYP OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date