

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 680430

Entity Name: AGRICULTURAL LAND SERVICES, INC.**Current Principal Place of Business:**12265 STATE RD. #7
BOYNTON BEACH, FL 33437**Current Mailing Address:**12265 STATE RD. #7
BOYNTON BEACH, FL 33437**FEI Number: 59-2009318****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LINES, BOBBY G
12265 STATE RD. #7
BOYNTON BEACH, FL 33437 US*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**Officer/Director Detail :**

Title	PD
Name	LINES, RACHEL J
Address	11150 S.W. FOX BROWN RD
City-State-Zip:	INDIANTOWN FL 34956

Title	S
Name	FINDEISEN, MARY
Address	8347 N.W. 44TH STREET
City-State-Zip:	CORAL SPRINGS FL 33065

Title	VP
Name	LINES, SANDRA G
Address	8400 S.W. FOX BROWN RD
City-State-Zip:	INDIANTOWN FL 34956

Title	TD
Name	LINES, BOBBY G
Address	11150 S.W. FOX BROWN ROAD
City-State-Zip:	INDIANTOWN FL 34956

Title	V
Name	SHEPPARD, ROGERS L.
Address	523 ENFIELD ROAD
City-State-Zip:	DELRAY BEACH FL 33444

I hereby 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 all other like empowered.

SIGNATURE: RACHEL LINES**01/10/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date