2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 19, 2004 08:00 AM **EOCUMENT # F55133 Secretary of State** 1. Entity Name AGNA, INC. Mailing Address Principal Place of Business 5120 WILLOW LEAF DR. % G AGNACIAN, 5120 WILLOW LEAF DR 5180 (33579) SARASOTA FL 34241 SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-2165694 Not Applicable Country Country \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AGNACIAN, GEORGE N Street Address (P.O. Box Number is Not Acceptable) 5120 WILLOW LEAF DR SARASOTA FL 34241 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE Delete TITLE AGNACIAN, GEORGE N. NAME NAME 000000056563 STREET ADDRESS 5120 WILLOW LEAF DR STREET ADDRESS 02/19/04-80025-013 150.00 CITY - ST - ZIP SARASOTA, FL 00000 CITY-ST-ZIP Addition Delete Change TITLE AGNACIAN, JOAN S. NAME NAME STREET ADDRESS 5120 WILLOW LEAF DR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 00000 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP

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.

GEORGE N. AGNACIAN

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 11, 2004

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FILED