


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # F55133
1. Entity Name
AGNA, INC.



Principal Place of Business Mailing Address
% G AGNACIAN, 5120 WILLOW LEAF DR 5120 WILLOW LEAF DR.
5180 (33579) SARASOTA, FL 34241 US
SARASOTA, FL 34241



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2165694 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGNACIAN, GEORGE N
5120 WILLOW LEAF DR
SARASOTA, FL 34241

**DO NOT WRITE
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 familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	AGNACIAN, GEORGE N.
STREET ADDRESS	5120 WILLOW LEAF DR
CITY - ST - ZIP	SARASOTA, FL 00000,
TITLE	VT
NAME	AGNACIAN, JOAN S.
STREET ADDRESS	5120 WILLOW LEAF DR
CITY - ST - ZIP	SARASOTA, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UN0000380947
01/11/06-80034-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: George N. Agnacion GEORGE N. AGNACIAN 1/5/06 941-371-6236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #