

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90019 009 ***158.75

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05052008 Chg-P CR2E034 (12/06)

DOCUMENT # P00000065280					
1. Entity Name AMERICAN GENERAL DEVELOPMENT, INC.					
Principal Place of Business 6118 E. TENISON STREET INVERNESS, FL 34452			Mailing Address 6118 E. TENISON STREET INVERNESS, FL 34452		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country CITRUS CO.	Zip	Country	4. FEI Number 04-3683949	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KOVACH, MICHAEL T SR. 105 N. SEMINOLE AVE INVERNESS, FL 34450			Name JOHN MCCRAVE		
			Street Address (P.O. Box Number is Not Acceptable) 6118 EAST TENISON ST		
			City INVERNESS FL		
			City INVERNESS FL Zip Code 34452		
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 JOHN MCCRAVE <i>John McCrave</i> 5/10/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCRAVE, JOHN 6118 E. TENSION STREET INVERNESS, FL 34452	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>John McCrave</i> JOHN MCCRAVE 5/10/08 352 344 0912 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					