


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90030 006 \*\*\*150.00

**DOCUMENT # P92000012806**

1. Entity Name  
 AGP '92 CORP




Principal Place of Business  
 C/O PETER LAWRENCE COMM RE  
 4710 EISENHOWER BLVD  
 TAMPA, FL 33634

Mailing Address  
 C/O PETER LAWRENCE COMM RE  
 4710 EISENHOWER BLVD  
 TAMPA, FL 33634

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



03172004 Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3135096 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

ABRAMS, ALLAN  
 4710 EISENHOWER BLVD  
 STE C1  
 TAMPA, FL 33634

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABRAMS, ALLAN			NAME			
STREET ADDRESS	4710 EISENHOWER BLVD			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP			
TITLE	VC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAPIRO, JAMES J.			NAME			
STREET ADDRESS	4710 EISENHOWER BLVD. C-1			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABRAMS, ELAINE			NAME			
STREET ADDRESS	4710 EISENHOWER BLVD			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LLEWELLYN, ROBERTA			NAME			
STREET ADDRESS	4710 EISENHOWER BLVD			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOOVER, CHRISTOPHER M			NAME	Hoover, Kristopher M		
STREET ADDRESS	4710 EISENHOWER BLVD STE C-1			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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.

SIGNATURE:  **Kristopher M. Hoover-CEO** 3/22/04 (813) 879-8855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #