


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90324 018 \*\*\*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



04072005 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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE DC	<input type="checkbox"/> Delete
NAME ABRAMS, ALLAN	
STREET ADDRESS 4710 EISENHOWER BLVD	
CITY-ST-ZIP TAMPA, FL 33634	
TITLE VC	<input type="checkbox"/> Delete
NAME SHAPIRO, JAMES J.	
STREET ADDRESS 4710 EISENHOWER BLVD. C-1	
CITY-ST-ZIP TAMPA, FL 33634	
TITLE DT	<input type="checkbox"/> Delete
NAME ABRAMS, ELAINE	
STREET ADDRESS 4710 EISENHOWER BLVD	
CITY-ST-ZIP TAMPA, FL 33634	
TITLE S	<input type="checkbox"/> Delete
NAME LLEWELLYN, ROBERTA	
STREET ADDRESS 4710 EISENHOWER BLVD	
CITY-ST-ZIP TAMPA, FL 33634	
TITLE P	<input type="checkbox"/> Delete
NAME HOOVER, KRISTOPHER M	
STREET ADDRESS 4710 EISENHOWER BLVD STE C-1	
CITY-ST-ZIP TAMPA, FL 33634	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS STE C-1	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS STE C-1	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 <sup>4/14/05</sup> 813-889-8855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #