

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000012806

FILED  
Mar 27, 2012  
Secretary of State

Entity Name: AGP '92 CORP

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3155096      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PETER LAWRENCE COMMERCIAL R.E., INC  
4710 EISENHOWER BLVD  
STE C1  
TAMPA, FL 33634 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DC  
Name: ABRAMS, ALLAN  
Address: 4710 EISENHOWER BLVD, STE C-1  
City-St-Zip: TAMPA, FL 33634

Title: DT  
Name: ABRAMS, ELAINE  
Address: 4710 EISENHOWER BLVD, STE C-1  
City-St-Zip: TAMPA, FL 33634

Title: S  
Name: ABRAMS, ROBERTA  
Address: 4710 EISENHOWER BLVD, STE C-1  
City-St-Zip: TAMPA, FL 33634

Title: P  
Name: HOOVER, KRISTOPHER M  
Address: 4710 EISENHOWER BLVD STE C-1  
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KRISTOPHER M. HOOVER

P

03/27/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date