


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000063235

1. Entity Name
 AGP '93 CORP.



Principal Place of Business %PETER LAWRENCE CO. 4710 EISENHOWER BLVD., C-1 TAMPA, FL 33634	Mailing Address %PETER LAWRENCE CO. 4710 EISENHOWER BLVD., C-1 TAMPA, FL 33634
---	---



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

02172004 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number 59-3200564	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

ABRAMS, ALLAN
 4710 EISENHOWER BOULEVARD
 SUITE C-1
 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000121214 04/20/04-80041-018 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(f), 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:  **Christopher M. Hoover - CEO** 3/23/04 813-889-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #