

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V54150

Entity Name: AGINCOURT GROUP, INC.

FILED
Feb 01, 2008
Secretary of State

Current Principal Place of Business:

620 - 11 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

PO BOX 2346
PONTE VEDRA BEACH., FL 32004

New Mailing Address:

FEI Number: 59-3134890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIES, RAE
620-11 PONTE VEDRA BLVD
PONTE VEDRA BEACH, FL 32082 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: DAVIES, RAE
Address: 620-11 PONTE VEDRA BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: DAVIES, JEFFREY O,
Address: 620-11 PONTE VEDRA BEACH
City-St-Zip: PONTE VEDRA BCH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHANA RAE ROSENGARTE, N
Address: 795 OAK KNOLL CIRCLE
City-St-Zip: PASADENA, CA 91106

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAE DAVIES

PST

02/01/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date