

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K69201

**Entity Name:** AG PLUS DEVELOPMENTS, INC.

**Current Principal Place of Business:**

222 CATFISH CREEK RD  
LAKE PLACID, FL 33852

**Current Mailing Address:**

PO BOX 807  
LAKE PLACID, FL 33862 US

**FEI Number: 59-2932949**

**Certificate of Status Desired: Yes**

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

DEAN MEAD SERVICES, LLC  
800 NORTH MAGNOLIA AVE  
1500  
ORLANDO, FL 32803 US

*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

**Officer/Director Detail :**

Title PSD  
Name GALLAHER, MICHAEL T  
Address P.O. BOX 420396  
City-State-Zip: SUMMERLAND KEY FL 33042

Title VP T  
Name STRATTON, BRUCE W  
Address 165 E. INTERLAKE BLVD.  
City-State-Zip: LAKE PLACID FL 33852

*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: MICHAEL T. GALLAHER**

**DIRECTOR**

**01/16/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date