## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000012806 Entity Name: AGP '92 CORP.

**Current Principal Place of Business:** 

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

**Current Mailing Address:** 

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

FEI Number: 59-3155096 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Name

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title CO-CHAIRMAN, DIRECTOR, OFFICER Title DIRECTOR

Name ABRAMS, ALLAN Name ABRAMS, ELAINE

C/O PETER LAWRENCE COMM RE, Address C/O PETER LAWRENCE COMM RE, Address INC INC

4710 EISENHOWER BLVD 4710 EISENHOWER BLVD

City-State-Zip: TAMPA FL 33634 City-State-Zip: TAMPA FL 33634

Title SECRETARY, TREASURER, Title PRESIDENT, OFFICER DIRECTOR, OFFICER

HOOVER, KRISTOPHER M Name ABRAMS, ROBERTA

Address C/O PETER LAWRENCE COMM RE, Address INC

C/O PETER LAWRENCE COMM RE,

4710 EISENHOWER BLVD 4710 EISENHOWER BLVD

City-State-Zip: TAMPA FL 33634 TAMPA FL 33634 City-State-Zip:

Title CO-CHAIRMAN, DIRECTOR, OFFICER

ABRAMS, JOSHUA Name

INC

C/O PETER LAWRENCE Address

COMMERCIAL R.E. INC 4710 EISENHOWER BLVD - SUITE C-1

City-State-Zip: TAMPA FL 33634-6334

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

**PRESIDENT** 

03/25/2024

**FILED** Mar 25, 2024

**Secretary of State** 

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