2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #243320

1. Entity Name

A G B CORPORATION



Principal Place of Business

9527 W HWY 98 P O BOX 9008

PANAMA CITY, FL 32417

BASS, WILLIAM D CPA 455 HARRISON AVE

PANAMA CITY, FL 32401

SUITE C

Mailing Address

P.O. BOX 9008

PANAMA CITY, FL 32417

FILED Apr 30, 2007 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CR2E034 (11/05) No Chg-P 04262007

4. FEI Number 59-0920690

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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.	Signature, typed or printed name of registered agent and title i	ALOTE: Besiness	d A	required when reinstating)	DATE	
	Organical, types or press that a registered egait and the	application (NOTE Rogistard	u Agent signature	required witer restauring)		
		Election Campaign Finan Trust Fund Contribution.	ocing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	### (D)			ngramen a
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTCHIKAS, GEORGE A. 9527 W. ATL HWY 98 PANAMA CITY, FL				UNNANCARA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					.00000074873; 05/117/07-80081	-004 150:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in ⁻	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Daytime Phone #