

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 372350
1. Entity Name
AG-AD AGENCY, INC.



Principal Place of Business Mailing Address
166 LOOKOUT PLACE **166 LOOKOUT PLACE**
SUITE 101 **SUITE 101**
MAITLAND, FL 32751 US **MAITLAND, FL 32751 US**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1378827** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
COOPER, MICHELE
166 LOOKOUT PLAC, STE 101
MAITLAND, FL 32751

**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 _____ (NOTE: Registered Agent signature required when re-filing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FIESER, GERALD
STREET ADDRESS	5886 LAKE WINONA RD.
CITY-ST-ZIP	DELEON SPRINGS, FL 32130
TITLE	D
NAME	COOPER, MICHELE
STREET ADDRESS	166 LOOKOUT PLACE, STE 101
CITY-ST-ZIP	MAITLAND, FL
TITLE	T
NAME	BUTLER, ROBERT L.
STREET ADDRESS	213 SILVER CREEK LANE
CITY-ST-ZIP	LORIDA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michele Cooper 1.28.05 4076478899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #