


**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 166 LOOKOUT PLACE SUITE 101 MAITLAND, FL 32751 US		Mailing Address 166 LOOKOUT PLACE SUITE 101 MAITLAND, FL 32751 US			
DO NOT WRITE IN THIS SPACE					
				 01102005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1378827		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when refiling)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P FIESER, GERALD 5886 LAKE WINONA RD. DELEON SPRINGS, FL 32130			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D COOPER, MICHELE 166 LOOKOUT PLACE, STE 101 MAITLAND, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		T BUTLER, ROBERT L. 213 SILVER CREEK LANE LORIDA, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE 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 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: <i>Michele Cooper</i>		1.28.05		4076478899	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	