

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2008 8:00 am
Secretary of State

02-25-2008 90063 016 ***150.00

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

66004985



01302008 No Chg-P CR2E034 (11/05)

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  DATE 2.11.08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

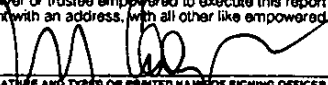
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LUSSIER, MATT 5886 LAKE WINONA RD. LAWTHRONE, 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  DATE 3/24/07 DAYTIME PHONE # 407 601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR