

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 593450 1. Entity Name WILLIAM M. AGNER GENERAL CONTRACTOR, INC.			
Principal Place of Business 5300 S FLORIDA STE G6 LAKELAND, FL 33813 US		Mailing Address P. O. BOX 7237 BOX 7237 LAKELAND, FL 33807	
DO NOT WRITE IN THIS SPACE			
		04122004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1865947	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGNER, WILLIAM M 5300 S. FLORIDA AVE SUITE G-6 LAKELAND, FL 33813		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 reinstating) DATE _____</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RIGNEY, LINDA M 3617 ROYAL COURT S. LAKELAND, FL 33813		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D AGNER, WILLIAM M SR 37742 COLEMAN AVE. DADE CITY, FL 33525		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D AGNER, WILLIAM M JR 2648 HIGH RIDGE DRIVE LAKELAND, FL 33813		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/12/04 863644-6755 <small>Date Daytime Phone #</small>	