

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90027 041 \*\*\*150.00

**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**

**30007184**



2. Principal Place of Business

**710 East Main Street**

3. Mailing Address

Suite, Apt. #, etc.

03272006

Chg-P

CR2E034 (11/05)

City & State

**Bartow, FL**

City & State

4. FEI Number

**59-1865947**

Applied For

Not Applicable

Zip

**33830**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**710 East Main Street**

City

**Bartow**

**FL**

Zip Code

**33830**

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]*

**William M Agner, Jr.**

**3/27/06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **ST**  
STREET ADDRESS **RIGNEY, LINDA M**  
CITY-ST-ZIP **3617 ROYAL COURT S.  
LAKELAND, FL 33813**

TITLE ☐ Delete  
NAME **VP/D**  
STREET ADDRESS **AGNER, WILLIAM M SR**  
CITY-ST-ZIP **14132 18TH COURT  
DADE CITY, FL 33525**

TITLE ☐ Delete  
NAME **P/D**  
STREET ADDRESS **AGNER, WILLIAM M JR**  
CITY-ST-ZIP **6723 HIGH KNOLL DR  
LAKELAND, FL 33813**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: *Linda M Rigney* **Linda M. Rigney, ST**

**3/27/06**

**863-533-3200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #