

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90376 014 ***150.00

DOCUMENT # 593450

1. Entity Name
WILLIAM M. AGNER GENERAL CONTRACTOR, INC.



Principal Place of Business
**710 EAST MAIN STREET
BARTOW, FL 33830 US**

Mailing Address
**P. O. BOX 7237
BOX 7237
LAKELAND, FL 33807**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-1865947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AGNER, WILLIAM M
710 EAST MAIN STREET
BARTOW, FL 33830**

Name

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

City

FL

Zip Code

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, 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **4958 Hancock Lake Road**
CITY-ST-ZIP **Lakeland, FL 33812**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 Digney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07 *863-533-3200*
Date Daytime Phone #