## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 593450** 

FILED Apr 03, 2009 Secretary of State

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

urrent P	rincipal Place	of Business:	New Principal Place	of Business:
	ICKLAND AVE. D, FL 33812	US		
urrent N	lailing Addres	s:	New Mailing Addres	s:
P. O. BOX BOX 7237 AKELAN				
	: 59-1865947	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	VILLIAM M ICKLAND AVE.			
	D, FL 33812	US		
he above	D, FL 33812		ourpose of changing its registere	ed office or registered agent, or both,
he above	D, FL 33812 e named entity s e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
AKELAN he above i the Stat	D, FL 33812 e named entity s e of Florida. RE:			ed office or registered agent, or both,  Date
AKELAN he above I the Stat IGNATU	D, FL 33812 e named entity s e of Florida.  RE: Electroni	ubmits this statement for the p		
AKELAN The above the State SIGNATU Rection Car	D, FL 33812 e named entity s e of Florida.  RE: Electroni	ubmits this statement for the place of Signature of Registered Agards Trust Fund Contribution ( ).	ent	
AKELAN The above The Stat HGNATU  Rection Ca	D, FL 33812 e named entity s e of Florida.  RE: Electroni mpaign Financing S AND DIRECT	ubmits this statement for the place of Registered Agree Trust Fund Contribution ( ).  FORS:  Delete M DURT S.	ent	Date
he above the State IGNATU  lection Cal  PFFICER ttle: ame: ddress:	D, FL 33812 e named entity se of Florida.  RE: Electroni mpaign Financing S AND DIRECT  ST () RIGNEY, LINDA 3617 ROYAL CO LAKELAND, FL	ubmits this statement for the place of Registered Agree Trust Fund Contribution ( ).  FORS:  Delete M DURT S. 33813  Delete M M SR URT	ent  ADDITIONS/CHANG  Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA M. RIGNEY ST 04/03/2009