

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-23-2007 90023 023 \*\*\*150.00

FILED 677811

07 JUL 23 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/06)

<b>DOCUMENT # 677811</b> 1. Entity Name <b>A.G.E. ENTERPRISES, INC.</b>																													
Principal Place of Business <b>5221 OCEAN DR NO. 4 SARASOTA FL 34242 US</b>			Mailing Address <b>600 MANGROVE PT. RD. SARASOTA FL 34242</b>																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number <b>59-2019269</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																									
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>HANKIN, LAWRENCE M ESQ 1820 RINGING BLVD SARASOTA FL 34236</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>(Signature, typed or printed name of registered agent and title is required.) (NOTE: Registered Agent signature required when renewing.) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">TITLE</td> <td style="width: 70%; padding: 2px;"> <b>VPST</b>  <b>ANDRASI, GEORGE A.</b>  <b>600 MANGROVE PT. RD.</b>  <b>SARASOTA, FL. 33581</b> </td> <td style="width: 20%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-STATE-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">TITLE</td> <td style="width: 70%; padding: 2px;"></td> <td style="width: 20%; padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-STATE-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table> </div> </div>						TITLE	<b>VPST</b> <b>ANDRASI, GEORGE A.</b> <b>600 MANGROVE PT. RD.</b> <b>SARASOTA, FL. 33581</b>	<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.																													
<b>SIGNATURE:</b> <b>GEORGE ANDRASI V.P.</b> <b>3/12/07 941-349 1170</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													

Florida Department of State  
Division of Corporations  
Annual Report/uniform Business Report Section  
Mr. Russell L. Hunt

To recap the events leading up to this letter: the beginning of July 16, 2007 I received a postcard letting me know about a fine for not filing my report on time. I sent it back with a copy of the cancelled check, which was dated March 12 2007. On July 13 2007 I received enclosed letter and form, acknowledging the receipt of my form and check. The letter states, the form was not signed by an officer of my corporation therefore I still owe \$400 fine. On the top of the form is a stamp stating REJECTED and a date 3-23-2007.

If in fact you had my papers in March 23 2007 you had ample time to notify me of a missing signature well before May 1 2007 which is the penalty date, and not wait until July to assess the fine.

Therefore I respectfully request the fine be cancelled. If I were timely notified the signature could have been provided in time. Your department waited 4 months to act on above matter.

Please nullify the fine as it is clearly your untimely act that caused it.

Respectfully

A handwritten signature in black ink, appearing to read "George Andrasi". The signature is fluid and cursive, with a large initial "G" and a stylized "A".

George Andrasi V.P.  
A.G.E. Enterprises Inc.