

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 744524

1. Entity Name

AGPAC, INC.



FILED

04 MAY -3 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E037 (11/03)

Principal Place of Business

1390 TIMBERLANE RD.  
TALLAHASSEE FL 32312

Mailing Address

1390 TIMBERLANE RD.  
TALLAHASSEE FL 32312

2. Principal Place of Business

311 East Park Ave  
Suite, Apt. #, etc.

3. Mailing Address

311 East Park Ave.  
Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip  
32301

Country  
US

City & State

Tallahassee FL

Zip  
32301

Country  
US

4. FEI Number

59-2783160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VILLELLA, RONALD  
311 E. PARK AVE  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIS, LARRY	
STREET ADDRESS	18401 NW 27 AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COBB, DAVID	
STREET ADDRESS	9874 LINEBAUGH AVE	
CITY - ST - ZIP	TAMPA FL 33626	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVERMAN, RONALD	
STREET ADDRESS	770 DEHONA BLVD STE B	
CITY - ST - ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOWINKLE, ROBERT	
STREET ADDRESS	120 53RD AVE W	
CITY - ST - ZIP	BRADENTON FL 34207	
TITLE	T	<input type="checkbox"/> Delete
NAME	O'CONNELL, MARK	
STREET ADDRESS	1390 TIMBERLANE RD.	
CITY - ST - ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILLELLA, RONALD	
STREET ADDRESS	311 E. PARK AVE	
CITY - ST - ZIP	TALLAHASSEE FL 32301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800035849298	
STREET ADDRESS	05/11/04--01019--014	
CITY - ST - ZIP	**\$61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #