


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 744524</b> 1. Entity Name AGPAC, INC.	
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Principal Place of Business 311 EAST PARK AVENUE TALLAHASSEE, FL 32301	Mailing Address 311 EAST PARK AVENUE TALLAHASSEE, FL 32301
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03092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2783160	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  VILLELLA, RONALD 311 E. PARK AVE TALLAHASSEE, FL 32301
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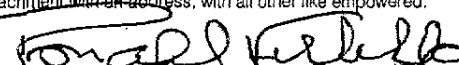
**DO NOT WRITE  
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000476524 04/06/06-80014-018 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, LARRY 18401 NW 27 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, DAVID 9874 LINEBAUGH AVE TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERMAN, RONALD 770 DEHONA BLVD STE B DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWINKLE, ROBERT 120 53RD AVE W BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'CONNELL, MARK 1390 TIMBERLANE RD. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLELLA, RONALD 311 E. PARK AVE TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/9/06 Date	850-224-5081 Daytime Phone #