

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 744524**

1. Entity Name  
AGPAC, INC.



Principal Place of Business  
311 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

Mailing Address  
311 EAST PARK AVENUE  
TALLAHASSEE, FL 32301



03202007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

U00000677172  
03/30/07-80094-004 70.00

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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

Date

Daytime Phone #

3/20/07