

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90053 012 ****61.25

DOCUMENT # 755718

1. Entity Name
AG FUNDING SOLUTIONS, INC.



Principal Place of Business

**222 W. GEORGIA STREET
TALLAHASSEE, FL 32301**

Mailing Address

**PO BOX 11274
TALLAHASSEE, FL 32302**

DO NOT WRITE IN THIS SPACE



04242007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2051328

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITE, MARLOW V
222 WEST GEORGIA ST
TALLAHASSEE, FL 32301**

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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
NAME
STREET ADDRESS
CITY- ST- ZIP
**C
LEE, ROBERT F
7504 HOSFORD HWY
QUINCY, FL 32351**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VC
BESHEARS, FRED H
US HWY 19 SOUTH
MONTICELLO, FL 32344**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**STD
LEWIS, A EUGENE
222 W. GEORGIA ST
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
PHILLS, BOBBY R
2158 CHAIRES CROSS ROAD
TALLAHASSEE, FL 32311**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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

4-23-07
Date

850-425-5000
Daytime Phone #