

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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**



04232008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

U000000930970
05/21/08-80131-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	LEE, ROBERT F
STREET ADDRESS	7504 HOSFORD HWY
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	D
NAME	ALBRIGHT, GEORGE M
STREET ADDRESS	8977 S. E. 70TH TERRACE
CITY-ST-ZIP	OCALA, FL 33472
TITLE	VC
NAME	BESHEARS, FRED H
STREET ADDRESS	US HWY 19 SOUTH
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	STD
NAME	LEWIS, A EUGENE
STREET ADDRESS	222 W. GEORGIA ST
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	PHILLS, BOBBY R
STREET ADDRESS	2158 CHAIRES CROSS ROAD
CITY-ST-ZIP	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

04.23.08

Date

850.425.5000

Daytime Phone #