

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000006140

1. Entity Name
AGRP MANAGEMENT CORP.



Principal Place of Business
64 INVERNESS DRIVE EAST
ENGLEWOOD, CO 80112

Mailing Address
64 INVERNESS DRIVE EAST
ENGLEWOOD, CO 80112



02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4481137

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	ADAMS, STEPHEN
STREET ADDRESS	2575 VISTA DEL MAR DRIVE
CITY-ST-ZIP	VENTURA, CA 93001
TITLE	ASST
NAME	LUSK, TERRY
STREET ADDRESS	64 INVERNESS DRIVE EAST
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	CEO
NAME	WOLFE, TOM
STREET ADDRESS	2575 VISTA DEL MAR DR
CITY-ST-ZIP	VENTURA, CA 93001
TITLE	COO
NAME	SCHNEIDER, MICHAEL A
STREET ADDRESS	2575 VISTA DEL MAR DRIVE
CITY-ST-ZIP	VENTURA, CA 93001
TITLE	V
NAME	SCHEDLER, PAUL E
STREET ADDRESS	2575 VISTA DEL MAR DRIVE
CITY-ST-ZIP	VENTURA, CA 93001
TITLE	S
NAME	JAMES, LAURA A
STREET ADDRESS	2575 VISTA DEL MAR DRIVE
CITY-ST-ZIP	VENTURA, CA 93001

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02/28/07-80047-010 150.00

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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 607, 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

Terry Lusk 2/3/07 (303) 728-7423
Date Daytime Phone #