


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Aug 06, 2007 08:00 AM  
Secretary of State

<b>DOCUMENT # G95901</b> 1. Entity Name <b>AMERIGREEN, INC.</b>			
Principal Place of Business <b>200 MAITLAND AVENUE #169 ALTAMONTE SPRINGS FL 32701</b>		Mailing Address <b>200 MAITLAND AVENUE #169 ALTAMONTE SPRINGS FL 32701</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>UHRIG, HAL 370 LAKE SEMINARY CIRCLE MAITLAND FL 32751</b>		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE <i>[Signature]</i>  <small>Signature, typed or printed name of registered agent and title, if applicable</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small>  <b>8-1-07</b>  <small>DATE</small> </div> </div>			
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DP</b> <input type="checkbox"/> Delete NAME <b>COX, TERRY L.</b> STREET ADDRESS <b>200 MAITLAND AVE #169</b> CITY- ST- ZIP <b>ALTAMONTE SPRINGS FL 32701</b>	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U00000771614</b>  <b>08/07/07-80009-017 150.00</b> </div>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> <div> <b>8-1-07</b>  <small>Date</small> </div> <div> <b>4074487268</b>  <small>Daytime Phone #</small> </div> </div>	



2nd MOORE CR2E034 (4/07)

4. FEI Number **59-2413717** ☐ Applied For ☐ Not Applicable

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

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