

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2004 08:00 AM  
Secretary of State

DOCUMENT # H17219

1. Entity Name

AG PARTNERS OF FROSTPROOF, INC.



Principal Place of Business

CITRUS GROVE  
ZOFFAY ROAD  
FROSTPROOF FL 33843  
US

Mailing Address

3655 NORTHOME ROAD  
WAYZATA MN 55391-3020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2441016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, JAMES W ESQ.  
HARRISON, PARKER, DIETZ & GRETZEN  
200 SOUTH ORANGE AVENUE  
SARASOTA FL 34230-3258

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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  
P  
LILLY, JOHN N  
3655 NORTHOME ROAD  
WAYZATA MN 55391 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPST  
KANGIS, HARRY J  
30 OBSERVATORY HILL  
CINCINNATI OH 45208 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MOORE, KATHERINE L  
3655 NORTHOME RD  
WAYZATA MN 55391 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
U00000046021  
02/11/04-80085-026 158.75 ☐ Change ☐ Addition

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* President

612-330-5066

Date

2/5/04

Daytime Phone #