2004 FOR PROFIT CORPORATION

report is true a

of the corporation or the receive changed, or on an attachment

SIGNATURE:

FILED Apr 07, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR) DOCUMENT # H43662** 1. Entity Name 04-07-2004 90024 009 ***158.75 AGEMS, INC. Principal Place of Business Mailing Address PO BOX 88031 120 FIRST STREET EAST TIERRA VERDE FL 33715 **STE 102** TIERRA VERDE FL 33715 ... US / 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CR2E034 (11/03) oute 102 City & State 4. FEI Number Applied For 59-2651944 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CURTIS, RICHARD S Street Address (P.O. Box Number is Not Acceptable) 120 FIRST ST EAST **STE 102** TIERRA VERDE FL 33715 City 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 agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ST TITLE ☐ Delete TITLE ☐ Change ☐ Addition CURTIS, RICHARD NAME NAME 120 FIRST ST E. #102 STREET ADDRESS STREET ADDRESS TIERRA VERDE FL 33715 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition JONATZKE, LISA M. NAME NAME STREET ADDRESS 120 FIRST ST E, #102 STREET ADDRESS TIERRA VERDE FL 33715 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ÇITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP lied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 tee of providered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the chiral forms of the provider of the I hereby certify that the information indicated on this report or supplet