

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90040 048 \*\*\*158.75

DOCUMENT # J80142

1. Entity Name

AGENCY MANAGEMENT CORPORATION



Principal Place of Business

1509 W. BROADWAY  
OVIEDO FL 32765  
US

Mailing Address

1509 W. BROADWAY  
OVIEDO FL 32765  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2823556

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

JOHNSON, CHARLES F. II  
1509 W. BROADWAY  
OVIEDO FL 32765

Name  
Clay Purton  
Street Address (P.O. Box Number is Not Acceptable)  
1509 W. Broadway

City Oviedo FL Zip Code 32765

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

3/12/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME JOHNSON, CHARLES F., II  
STREET ADDRESS 622 STALLION CT.  
CITY- ST- ZIP WINTER SPRINGS FL 32708 ☐ Delete

TITLE Vice President/Director  
NAME Johnson, Charles F., II ☒ Change ☐ Addition  
STREET ADDRESS 1584 Eagle Nest Circle  
CITY- ST- ZIP Winter Springs, FL 32705

TITLE STD  
NAME JOHNSON, CHARLOTTE B. ☒ Delete  
STREET ADDRESS 622 STALLION CT.  
CITY- ST- ZIP WINTER SPRINGS FL 32708

TITLE President Treasurer and Director ☐ Change ☒ Addition  
NAME Clay Purton  
STREET ADDRESS 1513 Fox Hill Place  
CITY- ST- ZIP Valrico, FL 33594

TITLE D  
NAME FORD, REBECCA ☒ Delete  
STREET ADDRESS 1136 DUNCAU DR.  
CITY- ST- ZIP WINTER SPRINGS FL 32708

TITLE Secretary ☐ Change ☒ Addition  
NAME Lisa Purton  
STREET ADDRESS 1513 Fox Hill Place  
CITY- ST- ZIP Valrico, FL 33594

TITLE D  
NAME JOHNSON, C. F. III ☒ Delete  
STREET ADDRESS 735 HILLCREST DRIVE  
CITY- ST- ZIP BRADENTON FL 34209

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*C.F. Johnson II*

C.F. Johnson II

3/12/07

407-366-6707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #