

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K39461

Entity Name: A.G. DEVELOPMENT GROUP, INC.

FILED  
Oct 31, 2008  
Secretary of State

## Current Principal Place of Business:

13801 N. DALE MABRY HWY  
STE 200  
TAMPA, FL 33618 US

## New Principal Place of Business:

## Current Mailing Address:

13801 N. DALE MABRY HWY  
STE 200  
TAMPA, FL 33618 US

## New Mailing Address:

FEI Number: 59-2916466      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOINS, ALLEN  
13928 SHADY SHORES DR.  
TAMPA, FL 33613 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GOINS, ALLEN  
Address: 13928 SHADY SHORES DR.  
City-St-Zip: TAMPA, FL 33613

Title: S ( ) Delete  
Name: GOINS, BONNIE  
Address: 13928 SHADY SHORES DR.  
City-St-Zip: TAMPA, FL 33613

Title: VP ( ) Delete  
Name: MCHARGUE, RICHARD A  
Address: 9322 DEERCREEK DR  
City-St-Zip: TAMPA, FL 33647

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GOINS, ALLEN  
Address: 13928 SHADY SHORES DR.  
City-St-Zip: TAMPA, FL 33613 US

Title: T (X) Change ( ) Addition  
Name: GOINS, BONNIE  
Address: 13928 SHADY SHORES DR.  
City-St-Zip: TAMPA, FL 33613 US

Title: SVP (X) Change ( ) Addition  
Name: HEUER, JOHN W  
Address: 13801 N DALE MABRY STE 200  
City-St-Zip: TAMPA, FL 33618 US

Title: S ( ) Change (X) Addition  
Name: ISSACS, CARLA  
Address: 13801 N DALE MABRY STE 200  
City-St-Zip: TAMPA, FL 33618 US

Title: VP ( ) Change (X) Addition  
Name: PADILLA, DAVID  
Address: 13801 N DALE MABRY STE 200  
City-St-Zip: TAMPA, FL 33618 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN GOINS

P

10/31/2008

Electronic Signature of Signing Officer or Director

Date