

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90106 035 ***158.75

DOCUMENT # K39462

1. Entity Name
A.G. INTERESTS, INC.



Principal Place of Business
13801 N. DALE MABRY HWY
STE 200
TAMPA, FL 33618 US

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

14016366



03022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2916442	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GOINS, ALLEN
13928 SHADY SHORES DRIVE
TAMPA, FL 33613

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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	T GOINS, BONNIE 13928-SHADY SHORES DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GOINS, ALLEN 13928 SHADY SHORES DRIVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAPTEAN, PATRICIA Kaptean, Patricia 4211 CORONA ST. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCHARGUE, RICHARD A 9322 DEER CREEK DRIVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Allen Goins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2005 813 265 4500
Date Daytime Phone #