

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

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



DO NOT WRITE IN THIS SPACE

02232006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2916442

Applied For
Not Applicable

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

05/10/06-80016-008 158.75

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
KAPTZAN, 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 exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allen Goins

Date

4/24/06

Daytime Phone #

813-265-4500