

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K76189

FILED
Jan 12, 2004
Secretary of State

Entity Name: A.G.M. INSURANCE AGENCY, INC.

Current Principal Place of Business:

1300 EAST BROWARD BLVD, STE 2
PO BOX 4848
FT. LAUDERDALE, FL 33338

Current Mailing Address:

1300 EAST BROWARD BLVD, STE 2
PO BOX 4848
FT. LAUDERDALE, FL 33338

New Principal Place of Business:

1300 EAST BROWARD BOULEVARD
SUITE 2
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

P.O. BOX 4848
FORT LAUDERDALE, FL 33338 US

FEI Number: 65-0108783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENFROE, R. MITCH
941 NE 19TH AVENUE STE 306
FORT LAUDERDALE, FL 33304

Name and Address of New Registered Agent:

RENFROE, R. MITCH
941 N.E. 19TH AVENUE
SUITE 306
FORT LAUDERDALE, FL 33304 US

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:

01/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RENFROE, R. MITCH
Address: 717 N.E. 18TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: STVD () Delete
Name: RENFROE, VIRGINIA
Address: 717 NE 18TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STVD (X) Change () Addition
Name: RENFROE, VIRGINIA M
Address: 717 N.E. 18TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the 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 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: R. MITCH RENFROE

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01/12/2004

Electronic Signature of Signing Officer or Director

Date