



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

01-18-2005 90178 023 ****50.00

DOCUMENT # L04000023702 1. Entity Name AG FLYERS, LLC					
Principal Place of Business 150 N. GRAVES ROAD FT. PIERCE, FL 32945				Mailing Address 	
2. Principal Place of Business Suite, Apt. #, etc. 		3. Mailing Address P.O. Box 2667 Suite, Apt. #, etc. 		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">30000470</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> 01072005 Chg-LLC CR2E083 (10/03) </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <div> 4. FEI Number 20-0937113 </div> <div> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <div> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div> \$5.00 Additional Fee Required </div> </div>	
City & State 		City & State Ft. Pierce FL			
Zip 	Country 	Zip 34954	Country St. Louis		
6. Name and Address of Current Registered Agent SCHIRARD, J. BRANTLEY 150 N. GRAVES ROAD FT. PIERCE, FL 32945 34945					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT J. Brantley Schirard 150 N. Graves Road Ft. Pierce, FL 34945 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/TREASURER J. Brantley Schirard Jr. 150 N. Graves Rd. Ft. Pierce, FL 34945 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Fred Fannizzi 12349 N.E. 224th St. Okeechobee, FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<div style="display: flex; justify-content: space-between;"> <div> 1/10/05 Date </div> <div> 772-466-0112 Daytime Phone # </div> </div>			