2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# L05000025135

Entity Name: AGREEMENT ENTERPRISES, LLC

Current Principal Place of Business:

230 N. INGRAHAM AVENUE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

230 N. INGRAHAM AVENUE
LAKELAND, FL 33801

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALLOCK, DAVID D JR
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801 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

MANAGING MEMBERS/MANAGERS:		**ADDITIONS/CHANGES:**	
Title:	( ) Delete	Title:	P ( ) Change (X) Addition
Name:		Name:	BISHOP, DIANNE W
Address:		Address:	850 GLENDLAE STREET
City-St-Zip:		City-St-Zip:	LAKELAND, FL 33803
Title:	( ) Delete	Title:	VP ( ) Change (X) Addition
Name:		Name:	MILLEN, ROBERT
Address:		Address:	300 RYDALMONT ROAD
City-St-Zip:		City-St-Zip:	WINTER HAVEN, FL 33880
Title:	( ) Delete	Title:	ST ( ) Change (X) Addition
Name:		Name:	ASHLEY, CHRISTINA
Address:		Address:	1741 AVENUE C NW
City-St-Zip:		City-St-Zip:	WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DIANNE W. BISHOP P 01/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date