

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90027 047 ***150.00

DOCUMENT # L72307
1. Entity Name
AGGRESSIVE PROPERTIES, INC.



Principal Place of Business 1407 1/2 JUNE AVE STE B PANAMA CITY, FL 32402 US	Mailing Address 1407 1/2 JUNE AVE STE B PANAMA CITY, FL 32402 US
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40012878



01062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3009757	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BRIGMAN, M.P.
1407 1/2 JUNE AVE, STE B
PANAMA CITY, FL 32402**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PD BRIGMAN, M.P. 1407 1/2 JUNE AVE, STE B PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPD SCARPA, J R 1407 1/2 JUNE AVE, STE B PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HADLEY, R.F. 1407 1/2 JUNE AVE, STE B PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRIGMAN, M.P III 1407.1/2 B JUNE AVE PANAMA CITY, FL 32401
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: *M P Brigan* 1-20-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #