

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000006351

1. Entity Name
AG FUNDING SOLUTIONS, INC.



Principal Place of Business
**222-A WEST GEORGIA ST.
TALLAHASSEE, FL**

Mailing Address
**222-A WEST GEORGIA ST.
TALLAHASSEE, FL**



03182004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3747843

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEWIS & WHITE, L.C.
222-A WEST GEORGIA ST.
TALLAHASSEE, FL**

**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 not checked

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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
**D
LEE, ROBERT F
7504 HOSFORD HWY.
QUINCY, FL 32351**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
DODD, JACK P
1315 QUINCY HWY.
ATTAPULGUS, GA 31715**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
LEWIS, A. EUGENE
PO BOX 1050
TALLAHASSEE, FL 32302**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
WHITE, MARLOW V
PO BOX 1050
TALLAHASSEE, FL 32302**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000092925
03/19/04-80028-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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

3-18-04

425-5000