

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90187 050 \*\*\*\*61.25

DOCUMENT # N04000001978  
 1. Entity Name  
 AMERICAN GUARANTY FUND GROUP, INC.



Principal Place of Business  
 1425 E PIEDMONT SUITE 201B  
 TALLAHASSEE, FL 32308

Mailing Address  
 P.O. BOX 15159  
 TALLAHASSEE, FL 32317

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

04142006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 20-0928712

Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent  
 MEENAN, TIMOTHY J  
 204 S MONROE ST  
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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	DCH STAHL, THOMAS W 116 S MONROE ST, 3RD FLOOR TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, SANDRA J CPA P.O. BOX 15159 TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARRATT, ROBERT P.O. BOX 147030 GAINESVILLE, FL 32617	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WHITE, FRANK 21034 SWEETWATER LANE, N BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC STAHL, THOMAS W. 116 SOUTH MONROE ST, 3RD FLOOR TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, SANDRA J CPA 1425 E PIEDMONT STE 201B TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VORAK, DAVID 7070 WOODLAND CENTER BLVD TAMPA, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEWELL, LOURAN, MICHELLE 1425 E PIEDMONT, STE 201B TALLAHASSEE, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, JOHN A. 780 CARILLOW PARKWAY, STE 440 ST PETERSBURG, FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TICKNER, JOHN J. 21255 CALIFA STREET WOODLAND HILLS, CA 91367	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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: Sandra J. Robinson SANDRA J. ROBINSON 4/17/06 850-386-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ATTACHMENT

40054775

<b>DOCUMENT # N04000001978</b> 1. Entity Name AMERICAN GUARANTY FUND GROUP, INC.					
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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MEENAN, TIMOTHY J 204 S MONROE ST TALLAHASSEE, FL 32301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
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 reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DCH			TITLE	D
NAME	STAHL, THOMAS W <input type="checkbox"/> Delete			NAME	PALCZYNSKI, RICHARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	116 S MONROE ST, 3RD FLOOR			STREET ADDRESS	ONE FINANCIAL PLAZA, 10TH FLOOR
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP	HARTFORD, CT 06103
TITLE	P <input type="checkbox"/> Delete			TITLE	
NAME	ROBINSON, SANDRA J CPA			NAME	
STREET ADDRESS	P.O. BOX 15159			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32317			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	
NAME	JARRATT, ROBERT			NAME	
STREET ADDRESS	P.O. BOX 147030			STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32617			CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete			TITLE	
NAME	WHITE, FRANK			NAME	
STREET ADDRESS	21034 SWEETWATER LANE, N			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33428			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 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 Date Daytime Phone #					