

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90172 030 ***150.00

DOCUMENT # P00000014554

1. Entity Name
AG LAND GROUP ONE, INC.



Principal Place of Business
**255 ALHAMBRA CIRCLE
SUITE 325
CORAL GABLES, FL 33134**

Mailing Address
**255 ALHAMBRA CIRCLE
SUITE 325
CORAL GABLES, FL 33134**

94069121



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0984450** 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

**MECNAIR, CHRISTOPHER J
255 ALHAMBRA CIRCLE
SUITE 325
CORAL GABLES, FL 33134**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FERTIG, JAY C
STREET ADDRESS	2960 WENTWORTH
CITY-ST-ZIP	WESTON, FL 33332
TITLE	D
NAME	MACNAIR, CHRISTOPHER J
STREET ADDRESS	12450 PINE NEEDLE LANE
CITY-ST-ZIP	PINECREST, FL 33156
TITLE	D
NAME	HEGGY, JOHN F
STREET ADDRESS	3901 LYMESTONE DR.
CITY-ST-ZIP	COOPER CITY, FL 33026
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 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 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:

Christopher J. MacNair **Christopher J. MacNair, V.P.**

4/18/04

305-445-6161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #