


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90013 048 ***150.00

DOCUMENT # P00000044544		
1. Entity Name AGC CONSTRUCTION SERVICES, INC.		

Principal Place of Business 9690 W. SAMPLE ROAD SUITE #202 P O BOX 101074 CORAL SPRINGS, FL 33065 US	Mailing Address 9690 W. SAMPLE ROAD SUITE #202 P O BOX 101074 CORAL SPRINGS, FL 33065 US
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DO NOT WRITE IN THIS SPACE



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0441978	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

TZUCANOW, GREG
2618 FLAMINGO LANE
FORT LAUDERDALE, FL 33312
*291 NW 134 Rd
Plantation, FL 33325*

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TZUCANOW, GREG 2618 FLAMINGO LANE FORT LAUDERDALE, FL 33312
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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 *Gregory Tzucanow* 3-15-04 (1954) 474-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #