

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000065280

1. Entity Name
AMERICAN GENERAL DEVELOPMENT, INC.



Principal Place of Business
**6118 E. TENISON STREET
INVERNESS, FL 34452**

Mailing Address
**6118 E. TENISON STREET
INVERNESS, FL 34452**

DO NOT WRITE IN THIS SPACE



05042005 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3683949

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOVACH, MICHAEL T SR.
106 N. OSCEOLA AVENUE
INVERNESS, FL 34450**

**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 \$550.00
Due by September 7, 2005**

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
MCCRABE, JOHN
6118 E. TENSION STREET
INVERNESS, FL 34452**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000364919
05/09/05-80015-006 150.00

**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: *John McCrabe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/05 **352**
Date Daytime Phone #

I did not receive my RENEWAL THIS YEAR