

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # P01000028830

1. Entity Name
AGAPE PROPERTY SALES, INC.



Principal Place of Business
**190 N. WESTMORE DR., SUITE 100
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**190 N. WESTMORE DR., SUITE 100
ALTAMONTE SPRINGS, FL 32714**



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3703570

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAMPBELL, MARILYN
190 N. WESTMORE DR., SUITE 100
ALTAMONTE SPRINGS, FL 32714**

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	CAMPBELL, MARILYN
STREET ADDRESS	190 N. WESTMORE DR., SUITE 100
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

TITLE	S
NAME	CONNOR, KATHLEEN
STREET ADDRESS	190 N. WESTMORE DR., SUITE 100
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

TITLE	D
NAME	HERNQUIST, EDITH
STREET ADDRESS	190 N. WESTMORE DR., SUITE 100
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 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:

Marilyn Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/07
Date

Daytime Phone #