

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90330 049 \*\*\*150.00

**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**

**40083776**



2. Principal Place of Business - No P.O. Box #  
**860 N SR 434**

3. Mailing Address  
**860 N SR 434**

Suite, Apt. #, etc.  
**1009**

Suite, Apt. #, etc.  
**1009**

04222008 Chg-P CR2E034 (12/06)

City & State  
**Altamonte Springs FL**

City & State  
**Altamonte Springs**

4. FEI Number  
**59-3703570**

Applied For  
Not Applicable

Zip  
**32714**

Country  
**USA**

Zip  
**32714**

Country  
**USA**

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**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**860 N SR 434**  
**Suite 1009**  
City  
**Altamonte Springs FL** Zip Code  
**32714**

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

*Marilyn Campbell*

**4/23/08**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**860 N SR 434 Suite 1009  
Altamonte Springs, FL 32714** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**860 N SR 434 Suite 1009  
Altamonte Springs, FL 32714** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**860 N SR 434 Suite 1009  
Altamonte Springs, FL 32714** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 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

Date

Daytime Phone #