2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000093683

1. Entity Name

AGM & SON, INC.

Principal Place of Business	Mailing Address
10855 US 19 NORTH	10855 US 19 NORTH
CLEARWATER, FL 33764	CLEARWATER, FL 33764

DO NOT WRITE IN THIS SPACE

01032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3748946	Not Applicable

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

6. Name and Address of Current Registered Agent

MONE, ANTHONY
10855 US 19 NORTH
CLEARWATER, FL 33764

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	P
NAME	MONE, ANTHONY
STREET ADDRESS	10855 US 19 NORTH
CITY-ST-ZIP	CLEARWATER, FL 33764

TITLE	
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05/10/07-80047-001 150.00

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: _Anthony Mone_   Anthony Mone   04/25/07   727-521-3338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #