

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90036 012 \*\*\*158.75

**DOCUMENT # P01000098208**

1. Entity Name

AGM PUBLISHING, INC.



Principal Place of Business  
3049 COLDWELL DRIVE  
HOLIDAY FL 34691

Mailing Address  
3049 COLDWELL DRIVE  
HOLIDAY FL 34691

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-6973966

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASTEN, MYRTLE E  
3049 COLDWELL DRIVE  
HOLIDAY FL 34691

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04-07-05

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MESSINA, ALFRED G  
STREET ADDRESS 3049 COLDWELL DRIVE  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE VD ☐ Delete  
NAME SOLDANO, EDWARD L  
STREET ADDRESS 67 STUDLEY STREET  
CITY-ST-ZIP BRENTWOOD NY 11717

TITLE TD ☐ Delete  
NAME MASTEN, MYRTLE E  
STREET ADDRESS 3049 COLDWELL DRIVE  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE S ☒ Delete  
NAME INMON, JAMES D  
STREET ADDRESS 2233 NURSERY ROAD  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME 150 WM FLOYD PKWY  
STREET ADDRESS SHIRLEY, NY 11967  
CITY-ST-ZIP

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

TITLE S ☐ Change ☐ Addition  
NAME GINN, DARREN  
STREET ADDRESS 136 PEACHTREE MEMORIAL DRIVE  
CITY-ST-ZIP ATLANTA, GA. 30309

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

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

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-05 727-934-9993

Date

Daytime Phone #