


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000098208
 1. Entity Name
AGM PUBLISHING, INC.



Principal Place of Business Mailing Address
3049 COLDWELL DRIVE **3049 COLDWELL DRIVE**
HOLIDAY FL 34691 **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

1st MOORE CR2E034 (10/05)

4. FEI Number Applied For / Not Applied
04-6973966

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

6. Name and Address of Current Registered Agent

MASTEN, MYRTLE E
3049 COLDWELL DRIVE
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

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: *Myrtle E Masten* 02-06-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MESSINA, ALFRED G	
STREET ADDRESS	3049 COLDWELL DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOLDANO, EDWARD L	
STREET ADDRESS	150 WM FLOYD PKWY	
CITY-ST-ZIP	SHIRLEY NY 11967	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MASTEN, MYRTLE E	
STREET ADDRESS	3049 COLDWELL DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	S	<input type="checkbox"/> Delete
NAME	GINN, DARREN	
STREET ADDRESS	136 PEACHTREE MEMORIAL DR	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100000433313	
STREET ADDRESS	02/24/06-80012-017 158.75	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* 02-06-06 727-934-9993