


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

<b>DOCUMENT # P01000098208</b>					
1. Entity Name <b>AGM PUBLISHING, INC.</b>					
Principal Place of Business <b>3049 COLDWELL DRIVE HOLIDAY FL 34691</b>			Mailing Address <b>3049 COLDWELL DRIVE HOLIDAY FL 34691</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>04-6973966</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MASTEN, MYRTLE E 3049 COLDWELL DRIVE HOLIDAY FL 34691</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 <i>Myrtle E Masten</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <b>02-06-06</b> <small>(NOTE: Registered Agent signature required when constituting)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MESSINA, ALFRED G</b>		NAME	<b>1100000433313</b>	
STREET ADDRESS	<b>3049 COLDWELL DRIVE</b>		STREET ADDRESS	<b>02/24/06-80012-017 158.75</b>	
CITY-ST-ZIP	<b>HOLIDAY FL 34691</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SOLDANO, EDWARD L</b>		NAME		
STREET ADDRESS	<b>150 WM FLOYD PKWY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SHIRLEY NY 11967</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MASTEN, MYRTLE E</b>		NAME		
STREET ADDRESS	<b>3049 COLDWELL DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOLIDAY FL 34691</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GINN, DARREN</b>		NAME		
STREET ADDRESS	<b>136 PEACHTREE MEMORIAL DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ATLANTA GA 30309</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

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

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

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

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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* DATE: **02-06-06** **727-934-9993**