


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0100098208**  
 1. Entity Name  
**AGM PUBLISHING, INC.**



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

**DO NOT WRITE IN THIS SPACE**



05022008      No Chg-P      CR2E034 (11/05)

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

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**

**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: *Myrtle E Masten*      DATE: 05-02-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

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

Date: 05-02-08      Daytime Phone #: 727-934-9993