

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90087 030 ***150.00

DOCUMENT # P02000079891

1. Entity Name

AGGRETECH, INC.



Principal Place of Business

Mailing Address

7759 PLUMMER ROAD
JACKSONVILLE FL 32219

7759 PLUMMER ROAD
JACKSONVILLE FL 32219

2. Principal Place of Business

22822 Stallion Dr.

Suite, Apt. #, etc.

Sorrento, FL

City & State

3. Mailing Address

Aggretech, Inc.

Suite, Apt. #, etc.

P.O. Box 1297

City & State

Mt. Dora, FL

Zip

32776

Country

U.S.

Zip

32756

Country

U.S.



MOORE

CR2E034 (11/03)

4. FEI Number

11-3644487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALL, BRIAN A
7759 PLUMMER ROAD
JACKSONVILLE FL 32219

7. Name and Address of New Registered Agent

Name

Brian A. Wall

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

22822 Stallion Dr.

City

Sorrento

FL

Zip Code

32756

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, 2004 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 D ☐ Delete
NAME WALL, BRIAN A
STREET ADDRESS 7759 PLUMMER ROAD
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D ☒ Change ☐ Addition
NAME Brian A. Wall
STREET ADDRESS 22822 Stallion Dr.
CITY-ST-ZIP Sorrento, FL 32776

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

352-735-3633

Date

Daytime Phone #