


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-29-2007 90042 030 \*\*\*150.00

<b>DOCUMENT # P03000072516</b>		
1. Entity Name <b>ARGO &amp; ASSOCIATES INCORPORATED</b>		
Principal Place of Business 1170 PEACHTREE ST. SUITE 1200 ATLANTA GA 30309		Mailing Address 1170 PEACHTREE ST SUITE 1200 ATLANTA GA 30303-9
2. Principal Place of Business - No P.O. Box # <b>701 SOUTH MAIN ST</b> Suite, Apt. #, etc. <b>BELLEFONTAINE, OH</b> City & State		3. Mailing Address <b>701 SOUTH MAIN ST</b> Suite, Apt. #, etc. <b>BELLEFONTAINE, OH</b> City & State
Zip <b>43311</b>	Country	4. FEI Number <b>20-0070238</b> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		



1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent <b>INCORPORATE USA, INC.</b> <b>3150 SANDY RIDGE DR</b> <b>CLEARWATER FL 33761</b>		7. Name and Address of New Registered Agent 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 _____		DATE _____	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ARGO, MARY LORD 199 14 TH ST NE 2108 ATLANTA GA 30309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>199 14th ST NE SUITE 2908</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	COO LINDSEY, CELIA M MS. 199 14TH ST. NE STE 907 ATLANTA GA 30309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Mary Argo* **MARY ARGO PRESIDENT** **03-22-2007** **937-599-4940**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #