

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90268 008 ***158.75

DOCUMENT # P03000085004

1. Entity Name
AGT WAREHOUSE, INC.



Principal Place of Business
**4020 W. KENNEDY BLVD., SUITE 103
TAMPA, FL 33609**

Mailing Address
**4020 W. KENNEDY BLVD., SUITE 103
TAMPA, FL 33609**



2. Principal Place of Business

3. Mailing Address

324 N. Dale Mabry Hwy
Suite, Apt. #, etc.
Suite 203

324 N. Dale Mabry Hwy
Suite, Apt. #, etc.
Suite 203

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33609

Country
USA

Zip
33609

Country
USA

04272004 Chg-P CR2E034 (10/03)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARKER, JOHN W III
4020 W. KENNEDY BLVD., SUITE 103
TAMPA, FL 33609**

7. Name and Address of New Registered Agent

Name
JOHN W. PARKER III

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

324 N. Dale Mabry Hwy Suite 203

City
Tampa

FL

Zip Code
33609

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
CLARK, CARL D
4020 W. KENNEDY BLVD., SUITE 103
TAMPA, FL 33609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
CLARK, CARL D
324 N. DALE MABRY HWY Suite 203
Tampa, FL 33609** ☒ Change ☐ Addition

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

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

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

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

28 April 2004 813 845 6096

Date

Daytime Phone #

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.