

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000089386

**FILED**  
**Aug 30, 2007**  
**Secretary of State**

**Entity Name:** ANOTHER GUY WHO BUYS HOUSES, INC.

**Current Principal Place of Business:**

1911 ANASTASIA WAY S.  
ST. PETE, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

1911 ANASTASIA WAY S.  
ST. PETE, FL 33712

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MESAGNO, BRUCE  
1911 ANASTASIA WAY SOUTH  
ST. PETERSBURG, FL 33712 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MESAGNO, BRUCE  
Address: 10514 100TH ST.  
City-St-Zip: LARGO, FL 33773

Title: D ( ) Delete  
Name: MESAGNO, BRUCE JR.  
Address: 1911 ANASTASIA WAY SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE MESAGNO

D

08/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date