

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90042 015 \*\*\*150.00

DOCUMENT # P03000100264

1. Entity Name

AGAPE INVESTORS, INC.



Principal Place of Business

4285 LAVALLET CIR  
PENSICOLA FL 32504

Mailing Address

4285 LAVALLET CIR  
PENSICOLA FL 32504

2. Principal Place of Business

1275 MAHOGANY MILL RD

3. Mailing Address

1275 MAHOGANY MILL RD

Suite, Apt. #, etc.

APT 3D

Suite, Apt. #, etc.

APT 3D

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip

32507

Country

ESCAMBIA

Zip

32507

Country

ESCAMBIA

6. Name and Address of Current Registered Agent

SMITH, HUGH D

4285 LAVALLET CIR  
PENSICOLA FL 32504

1275 MAHOGANY  
MILL RD 3D  
PENSACOLA, FL  
32507

Name

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

City

FL

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

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, 2005 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 PSTD  
NAME SMITH, HUGH D ☐ Delete  
STREET ADDRESS 4285 LAVALLET CIR  
CITY-ST-ZIP PENSICOLA FL 32504

TITLE VD  
NAME SMITH, PAUL A ☐ Delete  
STREET ADDRESS 4285 LAVALLET CIR  
CITY-ST-ZIP PENSICOLA FL 32504

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 PSTD HUGH D SMITH ☒ Change ☐ Addition  
NAME 1275 MAHOGANY MILL RD 3D  
STREET ADDRESS PENSACOLA, FL 32507  
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition  
NAME PAUL A, SMITH  
STREET ADDRESS SAME ADD. AS ABOVE  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

HUGH D. SMITH Hugh D. Smith 1/25/05 850-455-5363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #