


**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only
DO NOT WRITE IN THIS SPACE

DOCUMENT # <u>P03000148847</u>	
1. Entity Name <u>AGHREE, INC.</u>	

12 OCT 17 2012

SECRETARY OF STATE
TALLAHASSEE, FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # <u>905-301 Lotus Vista Dr</u>	3. Mailing Address <u>905-301 Lotus Vista Dr.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E034B (11/08)

City & State <u>Altamonte Springs, FL</u>	City & State <u>Altamonte Springs, FL</u>	4. FEI Number <u>43-2063057</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>32714</u>	Country <u>US</u>	Zip <u>32714</u>	Country <u>US</u>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>Becker & Poliakoff</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2500 Maitland Center Parkway</u>	
<u>Suite 209</u>	
City <u>Maitland,</u>	FL Zip Code <u>32751</u>

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25

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	<u>P/D/C/M</u>
NAME	<u>OMAR COOVER</u>
STREET ADDRESS	<u>905-301 Lotus Vista Dr</u>
CITY-ST-ZIP	<u>Altamonte Springs, FL 32714</u>
TITLE	<u>V/S/T</u>
NAME	<u>APRILLE WADE</u>
STREET ADDRESS	<u>905-301 Lotus Vista Dr</u>
CITY-ST-ZIP	<u>Altamonte Springs, FL 32714</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500240910555
10/17/12--01003--010 **550.00

**DO NOT WRITE
IN THIS SPACE**

OCT 17 2012

A. DUNLAP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OMAR COOVER

P

10/10/12

Date

321-201-6137

Daytime Phone #