2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-02-2006 90149 029 ***150.00
P05000105945

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN -5 AM 8:16

DOCUMENT # P05000105945

1. Entity Name
A.G.O.N.Y. ILLUSTRATIVE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8619 HAMPSHIRE GLEN DR S JACKSONVILLE, FL 32256	8619 HAMPSHIRE GLEN DR S JACKSONVILLE, FL 32256

04152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
9051 TROPICAL BEND CIR	9051 TROPICAL BEND CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32256 Country:	Zip: 32256 Country:

4. FEI Number: 83-0436810 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SNOBER, ANDY 2124 PARK STREET JACKSONVILLE, FL 32204	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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~P~~ PRESIDENT ~~GEOGER~~, MICHAEL S GEIGER 8619 HAMPSHIRE GLEN DR S JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 9051 TROPICAL BEND CIR. JACKSONVILLE FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GEIGER, JAMES R 8619 HAMPSHIRE GLEN DR S JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 9051 TROPICAL BEND CIR JACKSONVILLE FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 4-20-06 904-538-9172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES R. GEIGER, CEO