


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90009 046 ***150.00

| | |
|---|---|
| DOCUMENT # P05000105945 |  |
| 1. Entity Name A.G.O.N.Y. ILLUSTRATIVE ENTERPRISES, INC. | |

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|--|--|
| Principal Place of Business 9051 TROPICAL BEND CIRCLE JACKSONVILLE, FL 32256 | Mailing Address 9051 TROPICAL BEND CIRCLE JACKSONVILLE, FL 32256 |
|--|--|

SEE BELOW

| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # 86363 MADON FIELD BLUFF RD. Suite, Apt. #, etc. | 3. Mailing Address 86363 MADON FIELD BLUFF RD. Suite, Apt. #, etc. |
| City & State YULEE, FLORIDA | City & State YULEE, FLORIDA |
| Zip 32097 | Country USA |

02072008 Chg-P CR2E034 (12/06)



| | |
|------------------------------------|--|
| 4. FEI Number 83-0436810 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|--|--|
| 6. Name and Address of Current Registered Agent SNOBER, ANDY 2124 PARK STREET JACKSONVILLE, FL 32204 | |
|--|--|

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 P | <input type="checkbox"/> Delete | TITLE PRESIDENT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GEIGER, MICHAEL S | | NAME MICHAEL S. GEIGER | |
| STREET ADDRESS 9051 TROPICAL BEND CIRCLE | | STREET ADDRESS 86363 MADON FIELD BLUFF RD. | |
| CITY-ST-ZIP JACKSONVILLE, FL 32256 | | CITY-ST-ZIP YULEE, FL 32097 | |
| TITLE CEO | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GEIGER, JAMES R | | NAME | |
| STREET ADDRESS 9051 TROPICAL BEND CIRCLE | | STREET ADDRESS | |
| CITY-ST-ZIP JACKSONVILLE, FL 32256 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: **MICHAEL S. GEIGER** *[Signature]* **904-895-8999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #