


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # P93000066535 1. Entity Name AGENCY ONE, INC.																																										
Principal Place of Business 301 S FERDON BLVD STE A CRESTVIEW, FL 32536	Mailing Address 301 S FERDON BLVD STE A CRESTVIEW, FL 32536																																									
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent HOUSE, GERALDINE 301 S FERDON BLVD SUITE A CRESTVIEW, FL 32536		DO NOT WRITE IN THIS SPACE																																								
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) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>HOUSE, GERALDINE</td></tr><tr><td>STREET ADDRESS</td><td>301 S FERDON BLVD</td></tr><tr><td>CITY-ST-ZIP</td><td>CRESTVIEW, FL 32536</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	D	NAME	HOUSE, GERALDINE	STREET ADDRESS	301 S FERDON BLVD	CITY-ST-ZIP	CRESTVIEW, FL 32536	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
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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: <u>Geraldine House</u> GERALDINE HOUSE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>2-27-07</u> Daytime Phone # <u>850-682-8309</u>																																								



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3208246	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000654794
03/13/07-80078-007 150.00