


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000032259 1. Entity Name AGC OF TAMPA BAY, INC.	
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Principal Place of Business 902 N HIMES TAMPA, FL 33609 US	Mailing Address P O BOX 18547 TAMPA, FL 33609 US
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02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3445531	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGHAM, FREDERICK A JR, ESQ
4514 CENTRAL AVENUE
ST PETERSBURG, FL 33711

**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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLISON, JAY 2488 LANCASTER DRIVE E CLEARWATER, FL 34624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA ROBERTO 11629 PILOT COUNTRY DR SPRING HILL, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHN DOUGLAS B 4616 SAN MIGUEL TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLISON JAY 2488 LANCASTER DR E CLEARWATER, FL 34624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GARCIA ROBERTO 11629 PILOT COUNTRY DR SPRINGS HILL, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COHN DOUGLAS B 4616 SAN MIGUEL TAMPA, FL 33629

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02/18/06-80061-019 150.00

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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/06 (813) 877-8256