

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000032259

1. Entity Name
AGC OF TAMPA BAY, INC.



Principal Place of Business
**902 N HIMES
TAMPA, FL 33609 US**

Mailing Address
**P O BOX 18547
TAMPA, FL 33609 US**



02082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3445531

Applied For
Not Applicable

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

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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**DO NOT WRITE
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

2/9/07

813
817
828

Date

Daytime Phone #