

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000032259

Entity Name: AGC OF TAMPA BAY, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

902 N HIMES
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 18547
TAMPA, FL 33609 US

New Mailing Address:

902 N HIMES
TAMPA, FL 33609 US

FEI Number: 59-3445531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLISON, JAY
Address: 2488 LANCASTER DRIVE E
City-St-Zip: CLEARWATER, FL 34624

Title: D () Delete
Name: GARCIA ROBERTO
Address: 11629 PILOT COUNTRY DR
City-St-Zip: SPRING HILL, FL 34610

Title: D () Delete
Name: COHN DOUGLAS B
Address: 4616 SAN MIGUEL
City-St-Zip: TAMPA, FL 33629

Title: P () Delete
Name: ALLISON JAY
Address: 2488 LANCASTER DR E
City-St-Zip: CLEARWATER, FL 34624

Title: VPS () Delete
Name: GARCIA ROBERTO
Address: 11629 PILOT COUNTRY DR
City-St-Zip: SPRINGS HILL, FL 34610

Title: T () Delete
Name: COHN DOUGLAS B
Address: 4616 SAN MIGUEL
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS B COHN

T

04/20/2009

Electronic Signature of Signing Officer or Director

Date