


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 18, 2007 08:00 AM
Secretary of State**

DOCUMENT # P98000077836 1. Entity Name A & G INVESTMENTS, INC.	
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Principal Place of Business 719 S 50 STREET TAMPA, FL 33619	Mailing Address 719 S 50 STREET TAMPA, FL 33619
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07092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3534652	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GLOVER, ROBERT A 4824 PALM RIVER RD. TAMPA, FL 33619

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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
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOVER, ROBERT A 4804 PALM RIVER RD TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDRIDGE, CARL M 712 S 48TH ST. TAMPA, FL 33619
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07/18/07-80006-022 158.75

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:  Robert A. Glover 7/9/07 813-247-1419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #