2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Principal Place of Business

1623 N HIGHLAND AVE

City & State

KORETSKY, FRANK

1623 N HIGHLAND AVE CLEARWATER FL 33755

Zip

P9900001044

1623 N HIGHLAND AVE

Suite, Apt. #, etc.

City & State

Zip



AGN, INC.

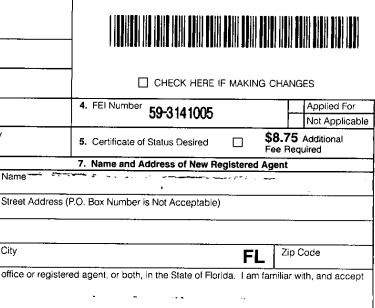


CLEARWATER FL 33755 CLEARWATER FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent



02-03-2003 90104 044 ***150.00



DATE

8	The above named entity subfinits the obligations of registered agent	his statement for the	e purpose of changing	its registered office or	registered agent, or be	oth, in the State of Florid	a. I am familiar with, and accept
11	The purigations of registered agent						

City

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. Sec.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KORETSKY, FRANK 1623 N HIGHLAND AVE CLEARWATER FL 33755	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
STREET ADDRESS	VP KARRAS, JOHN 1623 N HIGHLAND AVE CLEARWATER FL 33755	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	☐ Addition		
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		

12. I hereby certify that, the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the corporation or the receiver or trustee empowers changed, or on an attachment with an address,

SIGNATURE:

Daytime Phone #