


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90057 033 ***150.00

DOCUMENT # P99000021349	
1. Entity Name AGCOM., INC.	

Principal Place of Business 2548 S.W. CR 760 ARCADIA FL 34266	Mailing Address P.O. BOX 400 NOCATEE FL 34268
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address P.O. Box 355 Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

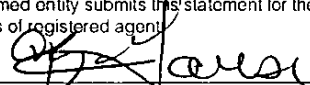
City & State Nocatee, FL	City & State Nocatee, FL
Zip 34268	Country Desoto

4. FEI Number 59-3565226	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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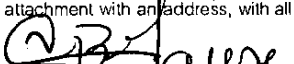
6. Name and Address of Current Registered Agent GAUSE, CARL 2548 S.W. CR 760 ARCADIA FL 34266	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 	DATE 03/25/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D GAUSE, CARL 2462 SW. THIGPEN ROAD ARCADIA FL 34266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  CARL B GAUSE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 03/25/07 863-990-1006 Daytime Phone #