

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000098208

**Entity Name:** AGM PUBLISHING, INC.

**Current Principal Place of Business:**

3049 COLDWELL DRIVE  
HOLIDAY, FL 34691

**Current Mailing Address:**

3049 COLDWELL DRIVE  
HOLIDAY, FL 34691

**FEI Number:** 04-6973966

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MASTEN, MYRTLE E  
3049 COLDWELL DRIVE  
HOLIDAY, FL 34691 US

*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

**Officer/Director Detail :**

Title PD  
Name MESSINA, ALFRED G  
Address 3049 COLDWELL DRIVE  
City-State-Zip: HOLIDAY FL 34691

Title VD  
Name SOLDANO, EDWARD L  
Address 150 WM FLOYD PKWY  
City-State-Zip: SHIRLEY NY 11967

Title STD  
Name MASTEN, MYRTLE E  
Address 3049 COLDWELL DRIVE  
City-State-Zip: HOLIDAY FL 34691

Title DIRECTOR  
Name GINN, DARREN E  
Address 1 WINDRUSH BLVD  
APT# 30  
City-State-Zip: INDIAN ROCKS BEACH FL 33785

Title DIRECTOR  
Name TURLEY, HUGH  
Address 1635 DARTMOUTH DRIVE  
City-State-Zip: HOLIDAY FL 34691

Title DIRECTOR  
Name MORGAN, WILLIAM  
Address 6407 BUTTE AVENUE  
City-State-Zip: ELFERS FL 34653

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALFRED G MESSINA

**PRESIDENT**

**05/06/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date