

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001880

Entity Name: AARGON AGENCY, INC.

FILED  
Sep 03, 2009  
Secretary of State

**Current Principal Place of Business:**

3025 W. SAHARA AVENUE  
LAS VEGAS, NV 89102

**New Principal Place of Business:**

**Current Mailing Address:**

3025 W. SAHARA AVENUE  
LAS VEGAS, NV 89102

**New Mailing Address:**

FEI Number: 88-0354489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEXISNEXIS DOCUMENT SOLUTIONS INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: CHRISTY, DUANE  
Address: 7633 CALM PASSAGE COURT  
City-St-Zip: LAS VEGAS, NV 89139

Title: P ( ) Delete  
Name: BOYCE, MICHAEL  
Address: 6574 MESA VISTA  
City-St-Zip: LAS VEGAS, NV 89118

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DUANE CHRISTY

ST

09/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date