


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90042 010 \*\*\*150.00

**DOCUMENT # P37571**

1. Entity Name  
**A.G.I.A., INC.**



Principal Place of Business  
**1155 EUGENIA PLACE  
 CARPINTERIA, CA 93013**

Mailing Address  
**1155 EUGENIA PLACE  
 CARPINTERIA, CA 93013**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

40096141



04302007 Chg-P CR2E034 (12/06)

4. FEI Number  
**95-2409500**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CROCKET, LAURISTON LEE**  
**7104 FLORIDANA AVENUE**  
**FLORIDANA BEACH, FL 32951**

*DECEASED 3/2007*

**7. Name and Address of New Registered Agent**

Name  
**NRAC Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**2731 EXECUTIVE PARK DRIVE**  
**Suite 4**

City **Weston** FL Zip Code **33331**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	WIGLE, JOHN B	
STREET ADDRESS	4188 FOOTHILL ROAD	
CITY-ST-ZIP	CARPINTERIA, CA 93013	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PUCHMELTER, THOMAS JOHN	
STREET ADDRESS	7620 VIA DEL PLACITO DRIVE	
CITY-ST-ZIP	PHOENIX, AZ 85020	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAPRITTO, JULIETTE L.	
STREET ADDRESS	1914 COYOTE CIRCLE	
CITY-ST-ZIP	SANTA BARBARA, CA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCARTY, DAVID H	
STREET ADDRESS	14676 77TH PL N	
CITY-ST-ZIP	MAPLE GROVE, MN 55311	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARD-VASQUEZ, PATRICIA M	
STREET ADDRESS	1990 SO. HILL ROAD	
CITY-ST-ZIP	VENTURA, CA 93003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* \_\_\_\_\_ DATE: 4-27-07 \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR