

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90041 043 ***158.75

DOCUMENT # F9600000721
 1. Entity Name
 TGF CORPORATION



Principal Place of Business Mailing Address
 4875 PELICAN COLONY BLVD, #101 4875 PELICAN COLONY BLVD, #101
 BONITA SPRINGS, FL 34134 US BONITA SPRINGS, FL 34134 US

50013702

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

City & State City & State

Zip Country Zip Country



01072005 Chg-P CR2E034 (10/03)

4. FEI Number 34-1818086 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 CALABRESE, STEVEN A
 4875 PELICAN COLONY BLVD, #101
 BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent
 Name JENKINS, BOB
 Street Address (P.O. Box Number is Not Acceptable)
 4875 Pelican Colony Blvd, #101
 City BONITA SPRINGS FL Zip Code 34134

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 *[Signature]* DATE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME CALABRESE, STEVEN A <input checked="" type="checkbox"/> Delete	TITLE P	NAME BOB JENKINS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4875 PELICAN COLONY BLVD, #101	STREET ADDRESS	4875 PELICAN COLONY BLVD, #101
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE T	NAME CALABRESE, STEVEN A <input checked="" type="checkbox"/> Delete	TITLE T	NAME GLEN TIMMERMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4875 PELICAN COLONY BLVD, #101	STREET ADDRESS	4875 Pelican Colony Blvd, #101
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE S	NAME CALABRESE, ERIC M <input checked="" type="checkbox"/> Delete	TITLE V	NAME JIM EASTMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1110 EUCLID AVE., STE. 300	STREET ADDRESS	4875 Pelican Colony Blvd, #101
CITY-ST-ZIP	CLEVELAND, OH 44115	CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	<input type="checkbox"/> Delete	TITLE S	NAME GERRY GRIESSER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		STREET ADDRESS	4875 Pelican Colony Blvd, #101
STREET ADDRESS		CITY-ST-ZIP	BONITA SPRINGS, FL 34134
CITY-ST-ZIP		TITLE D	NAME Lewis Kling <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS	4875 Pelican Colony Blvd, #101
NAME		CITY-ST-ZIP	BONITA SPRINGS, FL 34134
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		NAME	
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *[Signature]* DAYTIME PHONE #: (239) 949-9892