


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F96000000721

1. Entity Name
TGF CORPORATION



Principal Place of Business Mailing Address

5051 PELICAN COLONY BLVD 1110 ENCLID AVE
904 300
BONITA SPRINGS, FL 34134-6911 US CLEVELAND, OH 44115 US



02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1818086	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

CALABRESE, STEVEN A
5051 PELICAN COLONY BLVD
#904
BONITA SPRINGS, FL 34134-6911

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

000000927399
05/20/08-80105-014 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALABRESE, STEVEN A 5051 PELICAN COLONY BLVD., #904 BONITA SPRINGS, FL 341346911
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALABRESE, STEVEN A 5051 PELICAN COLONY BLVD., #904 BONITA SPRINGS, FL 341346911
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALABRESE, ERIC M 1110 EUCLID AVE. STE. 300 CLEVELAND, OH 44115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____ **4/23/08** Date Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR