## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000010783

Name:

Address:

City-St-Zip:

DOOM, JAMES R DR

157 CHURCH STREET

NEW HAVEN, CT 06510

Entity Name: P.O.G. ENTERPRISES, INC.

FILED Apr 30, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
157 CHURCH STREET NEW HAVEN, CT 06510			101 E KENNEDY BLVD 1480 TAMPA, FL 33602		
Current M	lailing Addres	ss:	New Mailing Address:	New Mailing Address:	
157 CHUR	P CT EM 4372 RCH STREET 'EN, CT 06510		101 E KENNEDY BLVD 1480 TAMPA, FL 33602		
FEI Number	: 90-0407944	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
The above	e of Florida.		ourpose of changing its registered o	office or registered agent, or both,	
	Electron	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD ( BREWSTER, V 157 CHURCH S NEW HAVEN, O	STREET	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VPDT ( BENOIT, D. BE 157 CHURCH S NEW HAVEN, G	STREET	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title <sup>.</sup>	SD (	) Delete	Title· (	Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WM PATRICK BREWSTER P 04/30/2009