

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # P03000074850**

1. Entity Name  
**F & G RESEARCH, INC.**



**FILED**  
**08 FEB 11 PM 1:44**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business <b>C/O ALLEN D BRUFISKY PA 475 GALLEON DRIVE NAPLES, FL 34102 US</b>	Mailing Address <b>C/O ALLEN D BRUFISKY PA 475 GALLEON DRIVE NAPLES, FL 34102 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02082008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-5963267</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>BRUFISKY, ALLEN D 475 GALLEON DR NAPLES, FL 34102</b>	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR <b>FEDERICO GILLIGAN ,PRES</b> <input checked="" type="checkbox"/> Delete 475 GALLEON DR NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES <b>FRANK C. BLUMEYER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4144 GORDON DR NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR <input type="checkbox"/> Delete <b>ALLEN D. BRUFISKY-SECRETARY</b> 475 GALLEON DR NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400118355724 02/19/08--01052--002 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS <input type="checkbox"/> Delete <b>MARCIA J. CARROLL-TREASURER</b> 475 GALLEON DRIVE NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>BEUMEYER, FRANK C MR</b> 4144 GORDON DR NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Allen D Brufisky #/08/08 239-551-0705  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #