

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000241

Entity Name: IT GROUP, INC.

FILED  
Apr 06, 2005  
Secretary of State

## Current Principal Place of Business:

8550 UNITED PLAZA BLVD. #702  
BATON ROUGE, LA 70809

## New Principal Place of Business:

## Current Mailing Address:

8550 UNITED PLAZA BLVD. #702  
BATON ROUGE, LA 70809

## New Mailing Address:

FEI Number: 72-1037184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: POCHÉ, P. EMILE JR.  
Address: 943 CASTLE KIRK DRIVE  
City-St-Zip: BATON ROUGE, LA 70808

Title: ST ( ) Delete  
Name: POCHÉ, BERNARDINE  
Address: 943 CASTLE KIRK DRIVE  
City-St-Zip: BATON ROUGE, LA 70808

Title: P ( ) Delete  
Name: GRIFFIN, STEPHEN  
Address: PO BOX 52714  
City-St-Zip: NEW ORLEANS, LA

Title: V ( ) Delete  
Name: VINSANAU, LINDA  
Address: 121 E GIROD STREET  
City-St-Zip: CHALMETTE, LA 70043

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: GRIFFIN, STEPHEN  
Address: 2 MARINERS COVE NORTH  
City-St-Zip: NEW ORLEANS, LA 70124

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: BERNARDINE POCHÉ

OWNE

04/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date