


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000000241 1. Entity Name IT GROUP, INC.	
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Principal Place of Business 8550 UNITED PLAZA BLVD. #702 BATON ROUGE, LA 70809	Mailing Address 8550 UNITED PLAZA BLVD. #702 BATON ROUGE, LA 70809
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03302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1037184

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POCHE, P. EMILE JR. 943 CASTLE KIRK DRIVE BATON ROUGE, LA 70808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POCHE, BERNARDINE 943 CASTLE KIRK DRIVE BATON ROUGE, LA 70808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, STEPHEN 2 MARINERS COVE NORTH NEW ORLEANS, LA 70124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VINSANAU, LINDA 121 E GIROD STREET CHALMETTE, LA 70043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/17/06 80027-016 150.00

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

SIGNATURE: Bernardine Poché
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06 825-922-4525
Date Daytime Phone