



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90055 001 ***150.00

DOCUMENT # F04000000761 1. Entity Name J.G. FOGG & CO. INCORPORATED					
Principal Place of Business 1400 OLD COUNTRY RD, STE 313 WESTBURY, NY 11590				Mailing Address 1400 OLD COUNTRY RD, STE 313 WESTBURY, NY 11590	
2. Principal Place of Business 100 Motor Parkway		3. Mailing Address 100 Motor Parkway			
Suite, Apt. #, etc. Suite 165		Suite, Apt. #, etc. Suite 165		01172006 Chg-P CR2E034 (11/05)	
City & State Hauppauge, NY		City & State Hauppauge, NY		4. FEI Number 11-3146519	
Zip 11788		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANGELL CORPORATE SERVICES, INC. ONE NORTH CLEMATIS ST, STE 400 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FOGG, JOSEPH G III 1400 OLD COUNTRY RD, STE 313 WESTBURY, NY 11590	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FOGG, JOSEPH G III 501 GOODLETTE BLVD. STE B-102 NAPLES, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGG, LESLIE 1400 OLD COUNTRY RD, STE 313 WESTBURY, NY 11590	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGG, LESLIE 501 GOODLETTE BLVD. STE B-102 NAPLES, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHUBAUER, JAMES W II 1400 OLD COUNTRY RD, STE 313 WESTBURY, NY 11590	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P SCHUBAUER, JAMES W II 100 MOTOR PKY, STE 165 HAUPPAUGE, NY 11788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV SICOLI, RICHARD P 1400 OLD COUNTRY RD, STE 313 WESTBURY, NY 11590	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/SLV SICOLI, RICHARD P 100 MOTOR PKY, STE 165 HAUPPAUGE, NY 11788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u>Richard P. Sicoli</u> 2/3/2006 (631)231-4121 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					