



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F04000000761</b> 1. Entity Name <b>J.G. FOGG &amp; CO. INCORPORATED</b>	
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Principal Place of Business <b>100 MOTOR PKWY STE 165 HAUPPAUGE, NY 11788</b>	Mailing Address <b>100 MOTOR PKWY STE 165 HAUPPAUGE, NY 11788</b>
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**DO NOT WRITE IN THIS SPACE**

  
03272008 No Chg-P CR2E034 (11/05)  
4. FEI Number  
**11-3146519**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$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**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

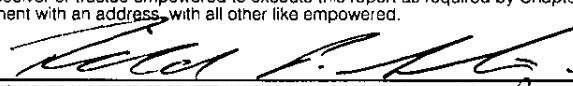
U00000890780  
04/22/08-80109-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FOGG, JOSEPH G III 501 GOODLETTE BLVD STE B-102 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGG, LESLIE 501 GOODLETTE BLVD STE B-102 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHUBAUER, JAMES W II 100 MOTOR PKWY STE 165 HAUPPAUGE, NY 11788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV SICOLI, RICHARD P 100 MOTOR PKWY STE 165 HAUPPAUGE, NY 11788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Richard P. Sicoli** Date **4/14/08** Daytime Phone # **(631) 231-4121**