


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90474 015 ***158.75

DOCUMENT # F96000000721 1. Entity Name TGF CORPORATION					
Principal Place of Business 4875 PELICAN COLONY BLVD, #1001 BONITA SPRINGS, FL 34134 US				Mailing Address 4875 PELICAN COLONY BLVD, #1001 BONITA SPRINGS, FL 34134 US	
2. Principal Place of Business 5051 PELICAN COLONY BLVD Suite, Apt. #, etc. 904		3. Mailing Address 1110 EUCLID AVENUE Suite, Apt. #, etc. 300			
City & State BONITA SPRINGS, FL		City & State CLEVELAND, OH		4. FEI Number 34-1818086	
Zip 34134-6911		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALABRESE, STEVEN A 4875 PELICAN COLONY BOULEVARD SUITE 1001 BONITA SPRINGS, FL 34134				7. Name and Address of New Registered Agent Name CALABRESE, STEVEN A. # Street Address (P.O. Box Number is Not Acceptable) 5051 PELICAN COLONY BLVD. 904 City BONITA SPRINGS FL Zip Code 34134-6911	
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	P CALABRESE, STEVEN A 4875 PELICAN COLONY BLVD, #1001 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CALABRESE, STEVEN A. # 5051 PELICAN COLONY BLVD. #904 BONITA SPRINGS, FL 34134-6911	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALABRESE, STEVEN A 4875 PELICAN COLONY BLVD, #1001 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CALABRESE, STEVEN A. # 5051 PELICAN COLONY BLVD #904 BONITA SPRINGS, FL 34134-6911	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALABRESE, ERIC M 1110 EUCLID AVE. STE. 300 CLEVELAND, OH 44115	<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
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-26-06 Date Daytime Phone #		

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