


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # F96000000721 1. Entry Name TGF CORPORATION	
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Principal Place of Business 5051 PELICAN COLONY BLVD 904 BONITA SPRINGS, FL 34134-6911 US	Mailing Address 1110 ENCLID AVE 300 CLEVELAND, OH 44115 US
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01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1818086	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CALABRESE, STEVEN A
5051 PELICAN COLONY BLVD
#904
BONITA SPRINGS, FL 34134-6911

**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, 2007 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	P CALABRESE, STEVEN A 5051 PELICAN COLONY BLVD., #904 BONITA SPRINGS, FL 341346911
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALABRESE, ERIC M 1110 EUCLID AVE. STE. 300 CLEVELAND, OH 44115
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03/09/07-80010-008 158.75

**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

Date _____ Davline Phone # _____