


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**


08-13-2004 90071 039 \*\*\*150.00

<b>DOCUMENT # G21343</b>	
1. Entity Name <b>F.G.R. INCORPORATED</b>	

Principal Place of Business <del>3717 CAPETOWN DR</del> <del>ORLANDO FL 32817-1501</del>	Mailing Address <del>3717 CAPETOWN DR</del> <del>ORLANDO FL 32817-1501</del>
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2. Principal Place of Business <b>1111 S. Lakemont Ave.</b>	3. Mailing Address <b>1111 S. Lakemont Ave.</b>
Suite, Apt. #, etc. <b>#303</b>	Suite, Apt. #, etc. <b>#303</b>

City & State <b>Winter Park, FL</b>	City & State <b>Winter Park, FL</b>
Zip <b>32792</b>	Zip <b>32792</b>
Country <b>USA</b>	Country <b>USA</b>

	
MOORE	CR2E034 (4/04)
4. FEI Number <b>59-2259364</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>Braun</b> <b>ABRAHAMSON, SONDRAG</b> <b>3717 CAPETOWN DR</b> <b>ORLANDO FL 32817-1501</b> <i>see enclosed marriage certificate</i>	
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7. Name and Address of New Registered Agent Name <b>Sondra G. Braun</b> Street Address (P.O. Box Number is Not Acceptable) <b>1111 S. Lakemont Ave.</b> <b>#303</b> City <b>Winter Park</b> <b>FL</b> Zip Code <b>32792</b>	
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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 <u><i>Sondra G. Braun</i></u> DATE <u><i>8/10/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT</b> <b>ABRAHAMSON, SONDRAG</b> <b>3717 CAPETOWN DR</b> <b>ORLANDO FL 32817-1501</b> <i>Braun see marriage certificate</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VD</b> <b>MAPES, DAVID S</b> <b>872 RIVER ROAD</b> <b>MADISON HTS. VA 24572-9717</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S</b> <b>BLUME, DIANE E</b> <b>148 JOEL DRIVE</b> <b>HEBRON CT 06248-1263</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>T</b> <b>MAPES, DANIEL P</b> <b>3717 CAPETOWN DRIVE</b> <b>ORLANDO FL 32817-1501</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3259 Progress Drive</b> <b>Orlando, FL 32826</b>
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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><i>Sondra G. Braun</i></u>	8/10/04 407-628-1136
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>

Attachment  
54068262  
#G21343 8/10/04

Dear Sirs :

Please abate penalty on corporate annual report due to reasonable cause. The post card never reached me and I was used to the large form. I thought my attorney had received the original instead. Please remove the penalty due to reasonable cause.

Please note my new married name and also the address changes on the form.

Thank you,

Andrea G. Brauna, president

FGR Incorporated

59-2259 364