## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # G21343  1. Entity Name F.G.R. INCORPORATED					DIVISIO	FILED RETARY OF ST N OF CORPOR	ATIONS		
Principal Place of Business Mailing Address					• • • • • • • • • • • • • • • • • • • •				
1013 LAKEMONT CIRCLE		1111 S LAKEMONT AVE			÷	-			
WINTER PARK, FL 32792		# 303 Winter Park, Fl 32792							
THICK FAMOLE VETOE									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1013 Lakemont Circle		de					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07092007	Chg-P	CR2E034 (	12/06)	
City & State		City & State Winter Park, FL			4. FEI Number 59-2259				olied For Applicable
Zip	Country		ountry JSA		5. Certificate of	of Status Desired		75 Addit Required	
	6. Name and Address of Current F	22117	/		7. Name and	Address of New Re			
				Name					
BRAUN, SONDRA G 1111 S LAKEMONT AVE #303			Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
#303 WINTER PARK, FL 32792									
			City				rL	Zip Code	l
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 obliquations of registered agent.									
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SIGNATURE Danua / Traum Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
The control of the co									
FILE NOWI!! FEE IS \$550.00  Due by September 14, 2007  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees									
10.	OFFICERS AND (	DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFFI	CERS AND DIR	ECTORS	IN 11
TITLE	PDT	<b>Jan 10 10 10</b>	TITLE	PDT	Some	iva G	X	Change	Addition
NAME STREET ADDRESS	BRAUN, SONDRA G 1111 S. LAKEMONT AVE. #303			PDT Braun, Sondra G  ESS 1013 Lakemont Circle					
CITY-ST-ZIP	WINTER PARK, FL 327925470					FL 32		5048	s
TITLE	VD	☐ Delete	TITLE			0 - (		Change	Addition
NAME	MAPES, DAVID S		NAME		60	at a deal	4/担的了	<u>6</u> .,	_
STREET ADDRESS CITY-ST-ZEP	872 RIVER ROAD MADISON HTS., VA 245729717		STREET ADORESS CITY-ST-ZIP		11/06/	DA019814	-114/	300.0	U
TITLE	S		TITLE					.Change	Addition
NAME	BLUME, DIANE E		NAME		5U) 117067	<b>01120</b> 0701061-	-000 **	<u>5</u> 50 0	n
STREET ADDRESS CITY-ST-ZIP — ~	148 JOEL DRIVE HEBRON, CT 062481263		STREET ADDRESS CITY-ST-ZIP		1.17.007		UUJ MA	ان ۽ لياني.ي 	
TITLE	T		TITLE		$\overline{}$	1 1		Change	Addition
NAME	MAPES, DANIEL P	· · · · · · · · · · · · · · · · · · ·	NAME		141	112013	ก - ี	Change	Addition
STREET ADDRESS	772 COACHLIGHT DRIVE		STREET ADDRESS	DE!	/し/ PAPAU	PAPAL	7		
CITY-ST-ZIP	FERN PARK, FL 32730		CITY-ST-ZIP	KE	<b>NSIVI</b>	SWENT	$\cup$ $\iota$		T Address
TITLE NAME			TITLE NAME			•		Onlange	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP		60 12/04/	01120 0701029-	4967 -007 **	<b>6</b> 208.7:	5
TITLE	,		TITLE			<u> </u>		Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
	pertify that the information sunnited with			ontained in	n Chanter 119	Florida Statutee 1	further certify #	nat the inf	ormation
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: Mondra D. Maun Sondra G. Braun 11/2/07 407-628-1136 SIGNATURE : Mondra D. Maun Sondra G. Braun 11/2/07 407-628-1136 Date Description of Descripti									
	<ul> <li>SIGNATURE AND TYPED OR PI</li> </ul>	UNITED NAME OF SIGNING OFFICER OR DIS	KECTOR			Date (	Daytime	i Phone #	