


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G21343 1. Entity Name F.G.R. INCORPORATED		
Principal Place of Business 1013 LAKEMONT CIRCLE WINTER PARK, FL 32792		Mailing Address 1111 S LAKEMONT AVE # 303 WINTER PARK, FL 32792
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 1013 Lakemont Circle Suite, Apt. #, etc.	
City & State	City & State Winter Park, FL	
Zip	Country	Zip 32792
Country	Country USA	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 NOV 26 PM 2:06



07092007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2259364				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAUN, SONDRAG 1111 S LAKEMONT AVE #303 WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Sondra G. Braun</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 11/2/07	

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	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	PDT	<input checked="" type="checkbox"/> Delete	TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, SONDRAG		NAME	Braun, Sondra G	
STREET ADDRESS	1111 S. LAKEMONT AVE. #303		STREET ADDRESS	1013 Lakemont Circle	
CITY-ST-ZIP	WINTER PARK, FL 327925470		CITY-ST-ZIP	Winter Park, FL 32792-5048	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAPES, DAVID S		NAME	600102049676	
STREET ADDRESS	872 RIVER ROAD		STREET ADDRESS	11/06/07--01061--009 **\$300.00	
CITY-ST-ZIP	MADISON HTS., VA 245729717		CITY-ST-ZIP	600112049676	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLUME, DIANE E		NAME	11/06/07--01061--009 **\$550.00	
STREET ADDRESS	148 JOEL DRIVE		STREET ADDRESS	600112049676	
CITY-ST-ZIP	HEBRON, CT 062481263		CITY-ST-ZIP	12/04/07--01029--007 **\$208.75	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAPES, DANIEL P		NAME	REINSTATEMENT 07	
STREET ADDRESS	772 COACHLIGHT DRIVE		STREET ADDRESS	600112049676	
CITY-ST-ZIP	FERN PARK, FL 32730		CITY-ST-ZIP	12/04/07--01029--007 **\$208.75	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Sondra G. Braun* **Sondra G. Braun** **11/2/07** **407-628-1136**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #