

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # H21876

1. Entity Name

T.G.A. ENTERPRISES, INC.



Principal Place of Business

12459 TAMAMI TRAIL  
PUNTA GORDA FL 33955

Mailing Address

12459 TAMAMI TRAIL  
PUNTA GORDA FL 33955

2. Principal Place of Business

1552 ATARES DR #112  
Suite, Apt. #, etc.  
Punta Gorda, FL

3. Mailing Address

POB 511776  
Suite, Apt. #, etc.

Punta Gorda FL

City & State

City & State

Zip 33950

Country USA

Zip 33951-1776

Country USA

6. Name and Address of Current Registered Agent

FIORINI, MARY J.  
1552 ATARES DR.  
#112  
PUNTA GORDA FL 33950-3850

7. Name and Address of New Registered Agent

Name MARY J. FIORINI GUGLIELMINO

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 Mary J. Guglielmino MARY J. GUGLIELMINO 3-9-06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remitting fee)

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT FIORINI GUGLIELMINO, MARY J 1552 ATARES DR, #112 PUNTA GORDA FL 33950-3850	<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	VS 12153 MINNESOTA AVENUE PUNTA GORDA FL 33955	<input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 Section 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: Mary J. Guglielmino MARY J. GUGLIELMINO 3-9-06 941-637-7451  
Signature and Typed or Printed Name of Signing Officer or Director

Temp. 941-627 8098

Date

Daytime Phone #