

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # H66888
 1. Entity Name
F & G INVESTMENTS OF TALLAHASSEE, INC.



Principal Place of Business 1415 TIMBERLANE ROAD UNIT 112 TALLAHASSEE, FL 32312	Mailing Address 1415 TIMBERLANE ROAD UNIT 112 TALLAHASSEE, FL 32312
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01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2568724	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent
**GOFF, ERIC B
 3379 E. LAKESHORE DR.
 TALLAHASSEE, FL 32312**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when recertifying)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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-STATE-ZIP	PT GOFF, ERIC B 3379 E. LAKESHORE DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VS GOFF, CHRISTINA B 3379 E. LAKESHORE DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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 02/29/06-80079-022-150.00

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 or other like empowered.

SIGNATURE: *Christina B. Goff, Vice Pres.* 1-31-06 850 656-4729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Christina B. Goff