


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M68100**  
1. Entity Name  
F.G.T. ENTERPRISES, INC.



Principal Place of Business  
9430 LAZY LANE  
TAMPA, FL 33614 US

Mailing Address  
9430 LAZY LANE  
TAMPA, FL 33614 US



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2882899

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, GREGORY D  
201 SOUTH BAYLEN STREET  
SUITE A  
PENSACOLA, FL 32501

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

UN00000420879  
02/16/06-80013-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	SMITH GORDON D.
STREET ADDRESS	16621 VALLEY DR.
CITY - ST - ZIP	TAMPA, FL
TITLE	DPT
NAME	SMITH, FRANKLIN T
STREET ADDRESS	8205 SUNNYSLOPE DR.
CITY - ST - ZIP	TAMPA, FL 33615
TITLE	S
NAME	SMITH, GERALDINE B
STREET ADDRESS	8205 SUNNYLOPE DRIVE
CITY - ST - ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 *Franklin T. Smith* - FRANKLIN T. Smith *01/30/2006* 813-932-790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR