

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 19, 2007 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

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 - ST - ZIP	DV SMITH GORDON D. 16621 VALLEY DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT SMITH, FRANKLIN T 8205 SUNNYSLOPE DR. TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, GERALDINE B 8205 SUNNYLOPE DRIVE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/22/07-80033-020 150.00

**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 - President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/07.

Date

(813) 932-6350.

Daytime Phone #