

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31634

FILED
Apr 24, 2007
Secretary of State

Entity Name: CONTROL GROWTH NOW, INC.

Current Principal Place of Business:

2033 MAIN ST
SUITE 403
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2033 MAIN ST
SUITE 403
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 65-0261781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOBECK, DANIEL J.
2033 MAIN ST
SUITE 403
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRICE, THOMAS H
Address: 1814 CARIBBEAN DR
City-St-Zip: SARASOTA, FL 34231

Title: PD () Delete
Name: LOBECK, DANIEL J.,
Address: 2033 MAIN ST
City-St-Zip: SARASOTA, FL 34237

Title: V D () Delete
Name: JOHNSON, JUDY
Address: 224 PALMETTO AVE
City-St-Zip: OSPREY, FL 34229

Title: TD () Delete
Name: BASS, NEIL
Address: 4679 HACKAMORE RD
City-St-Zip: SARASOTA, FL 34241

Title: SD () Delete
Name: BOURNIVAL, PAM
Address: 3912 VOOME STREET
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: NOWASKI, GREGORY
Address: 4344 MEADOWLAND CIR
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEVINE, HERBERT L
Address: 802 HARBOR DRIVE SOUTH
City-St-Zip: VENICE, FL 34285

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL J LOBECK

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date