

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000004147**

1. Entity Name  
TCG FORT MYERS, INC.



Principal Place of Business  
2950 SW 27TH AVENUE  
STE #200  
MIAMI, FL 33133

Mailing Address  
2950 SW 27TH AVENUE  
STE #200  
MIAMI, FL 33133



04182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|  |  |
|--|--|
| 4. FEI Number<br>65-1046370  | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

GREEN, PATRICIA K  
2200 MUSEUM TOWER, 150 W. FLAGLER ST.  
MIAMI, FL 33130

**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

Lloyd J. Boggio

Signature, name 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

000000747130  
05/17/07-80010-016 158.75

**10. OFFICERS AND DIRECTORS**

|                |                               |
|----------------|-------------------------------|
| TITLE          | D                             |
| NAME           | BOGGIO, LLOYD                 |
| STREET ADDRESS | 2937 S.W. 27TH AVE., STE. 303 |
| CITY-ST-ZIP    | MIAMI, FL 33133               |

|                |                               |
|----------------|-------------------------------|
| TITLE          | D                             |
| NAME           | GREER, BRUCE                  |
| STREET ADDRESS | 2937 S.W. 27TH AVE., STE. 303 |
| CITY-ST-ZIP    | MIAMI, FL 33133               |

|                |                               |
|----------------|-------------------------------|
| TITLE          | D                             |
| NAME           | GONZALEZ, LUIS                |
| STREET ADDRESS | 2937 S.W. 27TH AVE., STE. 303 |
| CITY-ST-ZIP    | MIAMI, FL 33133               |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| 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 an officer like empowered.

**SIGNATURE:**

Lloyd J. Boggio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #