

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000061285

**FILED**  
**May 09, 2005**  
**Secretary of State**

**Entity Name:** C & G ENTERPRISES OF LEE COUNTY, INC.

**Current Principal Place of Business:**

17490 EAST STREET  
SUITE # 2  
NORTH FT. MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

17490 EAST STREET  
SUITE # 2  
NORTH FT. MYERS, FL 33917

**New Mailing Address:**

**FEI Number:** 04-3619693      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GRIFFITH, WILLIAM  
18671 LYNN RD  
NORTH FORT MYERS, FL 33917      US

**Name and Address of New Registered Agent:**

MAHER, ROBERT T  
1601 JACKSON ST.  
SUITE # 201  
FORT MYERS, FL 33901 US

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: ROBERT MAHER

05/09/2005

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: GRIFFITH, WILLIAM L  
Address: 18671 LYNN RD.  
City-St-Zip: NORTH FT. MYERS, FL 33917

Title: 0      ( ) Delete  
Name: CULVER, ROGER D  
Address: 14120 DUKE HWY  
City-St-Zip: ALVA, FL 33920

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: O      (X) Change ( ) Addition  
Name: GRIFFITH, KIMBERLY J  
Address: 18671 LYNN ROAD  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM GRIFFITH

D

05/09/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date