

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90330 010 \*\*\*150.00

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04062005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P00000067997</b> 1. Entity Name <b>T.G. DEVELOPMENT COMPANY</b>					
Principal Place of Business <b>503 N. ORLANDO AVENUE SUITE 105 COCOA BEACH, FL 32931</b>			Mailing Address <b>503 N. ORLANDO AVENUE SUITE 105 COCOA BEACH, FL 32931</b>		
2. Principal Place of Business <b>601 W. Colonial Dr</b>			3. Mailing Address <b>601 W. Colonial Dr</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>Orlando, FL</b>			City & State <b>Orlando, FL</b>		
Zip <b>32801</b>		Country <b>USA</b>		Zip <b>32801</b>	
Country <b>USA</b>		4. FEI Number <b>59-3658854</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHOEMAKER, JOHN B 503 N. ORLANDO AVENUE SUITE 105 COCOA BEACH, FL 32931</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>601 W. Colonial Dr</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32801</b>		
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 <b>4/22/05</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KODSI, ALBERT 503 N. ORLANDO AVENUE #105 COCOA BEACH, FL 32931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALBERT KODSI 601 W. COLONIAL DR ORLANDO, FL 32801
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHOEMAKER, JOHN B 503 N. ORLANDO AVENUE #105 COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT COHEN, ODED 4432 PARKWAY COMMERCE BLVD. ORLANDO, FL 32808	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ODED COHEN 601 W. COLONIAL DR ORLANDO, FL 32801	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STEVE KODSI 601 W. COLONIAL DR ORLANDO, FL 32801	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V 	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V 	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		12. I hereby certify that the information supplied with this filing does not qualify 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 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:			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date <b>4/22/05</b>			Daytime Phone # <b>407 294 2731</b>		