

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000088344

Entity Name: CGC SOLUTIONS, INC.

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

15860 PINE RIDGE RD. #8
FT. MYERS, FL 33908

New Principal Place of Business:

10801 SUNSET PLAZA CIR. #203
FT. MYERS, FL 33908

Current Mailing Address:

15860 PINE RIDGE RD. #8
FT. MYERS, FL 33908

New Mailing Address:

10801 SUNSET PLAZA CIR. #203
FT. MYERS, FL 33908

FEI Number: 65-1040733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, GLENN
233 NW 39TH AVENUE
CAPE CORAL, FL 33993 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMON, GLENN
Address: 233 NW 39TH AVENUE
City-St-Zip: CAPE CORAL, FL 33993

Title: V () Delete
Name: COX, WAYNE
Address: 104 SE 45TH STREET
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN SIMON

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date