

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90328 007 \*\*\*150.00

DOCUMENT # P01000011507

1. Entity Name  
TGL MANAGEMENT, INC.



Principal Place of Business

4303 VINELAND RD  
F12  
ORLANDO, FL 32811

Mailing Address

4303 VINELAND RD  
F12  
ORLANDO, FL 32811

**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3717966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, GREG E  
4303 VINELAND RD STE F12  
ORLANDO, FL 32811

**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

Signature, typed 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MCINTYRE, THOMAS  
STREET ADDRESS 4401 VINELAND RD A-16  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE D  
NAME WALKER, LARRY  
STREET ADDRESS 4401 VINELAND RD A-16  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE D  
NAME WRIGHT, GREG  
STREET ADDRESS 4401 VINELAND RD A-16  
CITY-ST-ZIP ORLANDO, FL 32811

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08  
Date

407-839-201  
Daytime Phone #