2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000068800

1. Entity Name FOGG AND FOGG, INC.



FILED Apr 22, 2004 08:00 AM Secretary of State

Principal Place of Business

1808 TANGLEDVINE DR. WESLEY CHAPEL, FL 33543 Mailing Address

1808 TANGLEDVINE DR. WESLEY CHAPEL, FL 33543



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

 04182004
 No Chg-P
 CR2E034 (10/03)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired See Required

6. Name and Address of Current Registered Agent

FOGG, KERI M 1808 TANGLEDVINE DR. WESLEY CHAPEL, FL 33543

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.					
	Signature, typed or printed name of registered agent and title it	f applicable (NOTE, Registered	Agent signature required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		 Election Campaign Finance Trust Fund Contribution. 	cing \$5.00 May Be Added to Fees	U00000125757 04/23/04-80004-023 150.00	
10.	OFFICERS AND DIREC	TORS _		, , , , , , , , , , , , , , , , , , ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOGG, KERI M 1808 TANGLEDVINE DR. WESLEY CHAPEL, FL. 33543				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOGG, HAROLD W 1808 TANGLEDVINE DR. WESLEY CHAPEL, FL 33543		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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.