

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90085 023 ***150.00

DOCUMENT # P01000098011

1. Entity Name
FERGUSON FINANCIAL GROUP, INC.



Principal Place of Business Mailing Address

4134 OLDE MEADOWBROOK LN **4134 OLDE MEADOWBROOK LN**
BONITA SPRINGS, FL 34134 US **BONITA SPRINGS, FL 34134 US**

00033170

2. Principal Place of Business 3. Mailing Address

28498 AZZILI WAY **28498 AZZILI WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



03302005 Chg-P CR2E034 (10/03)

City & State City & State

BONITA SPRINGS **BONITA SPRINGS**

Zip Country Zip Country

34135 **LEE** **34135** **LEE**

4. FEI Number Applied For

65-1154128 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TERRIACO, EUGENE
1525 REYNARD RD.
FT. MEYERS, FL 33919

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERGUSON, C. DAVID 4134 OLDE MEADOWBROOK LN BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD FERGUSON, KATHLEEN 4134 OLDE MEADOWBROOK LN BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DUNN, STEVEN J 7400 DAISY'S WOOD LANE GATES MILLS, OH 44040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C. DAVID FERREUSON 28498 AZZILI WAY BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATHLEEN FERGUSON 28498 AZZILI WAY BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *C. David Ferguson* 3-30-05 4408247577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #