


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
4 May 26, 2005 8:00 am
Secretary of State

04-29-2005 90268 049 ***150.00

DOCUMENT # P01000102214 1. Entity Name THE FOGG GROUP, INC.	
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Principal Place of Business 5423 DYNASTY DR PENSACOLA, FL 32504	Mailing Address 5423 DYNASTY DR PENSACOLA, FL 32504
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66019235



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3750656	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FOGG, JOHN R 5423 DYNASTY DR PENSACOLA, FL 32504
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**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 renewing) 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	P FOGG, JOHN R 5423 DYNASTY DR PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FOGG, PATRICIA L 5423 DYNASTY DR PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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 empowerments.

SIGNATURE: JOHN R. FOGG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-05 850-479-9962

Date Daytime Phone #