

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90050 008 ***150.00

DOCUMENT # P02000018975

1. Entity Name
CFOG, INC.



Principal Place of Business
**4016 NW GOLDEN ROD RD.
104
JENSEN BEACH FL 34957**

Mailing Address
**4016 NW GOLDEN ROD RD.
104
JENSEN BEACH FL 34957**

2. Principal Place of Business

3610 SE FEDERAL HWY #6

3. Mailing Address

3610 SE FEDERAL HWY #6

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART FL

City & State

STUART FL

4. FEI Number

03-0392236

Applied For

Not Applicable

Zip

34997

Country

US

Zip

34997

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEE, MICHAEL
4016 NW GOLDEN ROD RD. # 104
JENSEN BEACH FL 34957**

*CHANGED
(SEE BELOW)*

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LEE, JEFFERY
STREET ADDRESS 943 SE BROOKSIDE TERRACE
CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE VSD ☐ Delete
NAME LEE, MICHAEL
STREET ADDRESS ~~4016 NW GOLDEN ROD RD. # 104~~ →
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE VTD ☐ Delete
NAME WORDELL, GWYNN
STREET ADDRESS 2016 NW MARSH ROABBIT LN. →
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2016 NW MARSH RABBIT LN.
CITY-ST-ZIP JENSEN BCH 34957

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4911 SW BIRNIM CIR. NORTH
CITY-ST-ZIP PALM CITY, FL 34970

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/04