

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90305 031 ***150.00

DOCUMENT # P02000031335

1. Entity Name

FINANCIAL GROWTH GROUP, INC.



Principal Place of Business

Mailing Address

~~11450 WEST SAMPLE ROAD~~
~~CORAL SPRINGS FL 33065~~

~~11450 WEST SAMPLE ROAD~~
~~CORAL SPRINGS FL 33065~~

24062220



MOORE

CR2E034 (11/03)

2. Principal Place of Business

2300 W SAMPLE RD

3. Mailing Address

2300 W SAMPLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

104

City & State

Pompano Bch, FL

City & State

Pompano Bch, FL

Zip

Country

33073

USA

Zip

Country

33073

USA

4. FEI Number

45-0472348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM GREENE ASSOCIATES, PA
11450 WEST SAMPLE ROAD
CORAL SPRINGS, FLORIDA FL 33065

Name

William Greene

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

2300 W SAMPLE RD

City

Pompano Bch

FL

Zip Code

33073

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

William Greene

4/25/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GREENE, FRANCINE	
STREET ADDRESS	11450 WEST SAMPLE ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	V	<input type="checkbox"/> Delete
NAME	GREENE, WILLIAM	
STREET ADDRESS	11450 WEST SAMPLE ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

William Greene

4/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #