

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000051102

1. Entity Name
FGI, INC.



Principal Place of Business

2211 ALICIA LANE
ATLANTIC BCH, FL 32233

Mailing Address

2211 ALICIA LANE
ATLANTIC BCH, FL 32233



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0626548

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERRARI, CARLA L.M.
4125 CORD GRASS INLET DR.
JACKSONVILLE BEACH, FL 32250

**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 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	D
NAME	IRELAND, LOCK W
STREET ADDRESS	2211 ALICIA LANE
CITY-ST-ZIP	ATLANTIC BCH, FL 32233
TITLE	D
NAME	GALLEN, JOHN J
STREET ADDRESS	1446 HARRINGTON PARK DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32235
TITLE	D
NAME	FERRARI, CARLA L
STREET ADDRESS	4124 CORD GRASS INLET DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000297661
04/11/05-80035-023 150.00

**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)(f), 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 #