


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
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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 <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

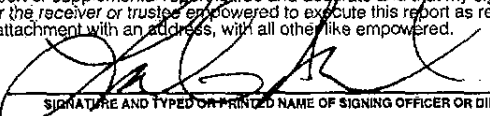
10. OFFICERS AND DIRECTORS

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 GRADD INLET DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 reports are 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:  4/10/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____