


FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90364 028 ***150.00

DOCUMENT # P02000051102				Secretary of State	
1. Entity Name FGI, INC.				04-03-2006 90364 028 ***150.00	
Principal Place of Business 2211 ALICIA LANE ATLANTIC BCH, FL 32233		Mailing Address 2211 ALICIA LANE ATLANTIC BCH, FL 32233		90077	
2. Principal Place of Business 13846 ATLANTIC BLVD		3. Mailing Address 13846 ATLANTIC BLVD			
Suite, Apt. #, etc. UNIT 206		Suite, Apt. #, etc. UNIT 206		03282006 Chg-P CR2E034 (11/05)	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 02-0626548	
Zip 32225		Zip 32225		Applied For Not Applicable	
Country		Country		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				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRELAND, LOCK W 2211 ALICIA LANE ATLANTIC BCH, FL 32233	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLEN, JOHN J 1446 HARRINGTON PARK DR. JACKSONVILLE, FL 32235	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRARI, CARLA L 4124 CORD GRADD INLET DR. JACKSONVILLE, FL 32250	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			3/28/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		