

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051102

Entity Name: FGI, INC.

FILED  
Apr 24, 2008  
Secretary of State

## Current Principal Place of Business:

13846 ATLANTIC BLVD  
UNIT 206  
JACKSONVILLE, FL 32225

## New Principal Place of Business:

## Current Mailing Address:

13846 ATLANTIC BLVD  
UNIT 206  
JACKSONVILLE, FL 32225

## New Mailing Address:

FEI Number: 02-0626548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

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.

SIGNATURE: CARLA L FERRARI

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: IRELAND, LOCK W  
Address: 13846 ATLANTIC BLVD, UNIT 206  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: GALLEN, JOHN J  
Address: 1446 HARRINGTON PARK DR.  
City-St-Zip: JACKSONVILLE, FL 32235

Title: D ( ) Delete  
Name: FERRARI, CARLA L  
Address: 4124 CORD GRASS INLET DR.  
City-St-Zip: JACKSONVILLE, FL 32250

Title: D ( ) Delete  
Name: COFFMAN, CARL G  
Address: POB 350601  
City-St-Zip: JACKSONVILLE, FL 32236

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOCK W IRELAND

D

04/24/2008

Electronic Signature of Signing Officer or Director

Date