

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051102

FILED
Apr 29, 2009
Secretary of State

Entity Name: FGI, INC.

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

Name and Address of New Registered Agent:

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: _____

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 GRADD 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

VP

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date