## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P03000020560** 04-29-2005 90176 002 \*\*\*158.75 1. Entity Name E & G MNAGEMENT GROUP, INC. Management Principal Place of Business Mailing Address **56 LAUREL OAK 56 LAUREL OAK** 50044541 FERNANDINA BCH, FL 32034 FERNANDINA BCH, FL 32034 2. Principal Place of Business 3. Mailing Address 125 Ohtetail 125 Whitetail Ln. Suite, Apt. #, etc. Suite, Apt. #, etc. 04152005 CR2E034 (10/03) Chg-P City & State City, & State 4. FEI Number Applied For Havana Havana 80-0073251 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32333 Gadsden brodsden Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDEBOHLS, ERIN K O. Box Number is Not Acceptable) **56 LAUREL OAK** FERNANDINA BCH, FL 32034 Javana 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 familia the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ame of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE EDEBOHLS, ERIN K NAME NAME 125 whitefall LR STREET ADDRESS 56 LAUREL OAK RD. STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition EDEBOHLS, GLENN A NAME NAME 125 whitefall in STREET ADDRESS 56 LAUREL OAK RD. STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition ππε NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Enn K EdeloWs 4/27/05

**FILED**