


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 18 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000118049			
1. Entity Name CGG INVESTMENTS, INC.			
Principal Place of Business 4015 NORTH WOODLAND POINT CRYSTAL RIVER, FL 34428		Mailing Address 4015 NORTH WOODLAND POINT CRYSTAL RIVER, FL 34428	
2. Principal Place of Business 7269 W. Roxburn St. N.E. Hwy 19 Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc	
City & State Dunn FL		City & State Crystal River FL	
Zip 34434 Country		Zip 34429 Country Citrus	
6. Name and Address of Current Registered Agent KOVACH, MICHAEL T JR. 106 NORTH OSCEOLA AVENUE INVERNESS, FL 34450		7. Name and Address of New Registered Agent Name Melody M. Garnett Street Address (P.O. Box Number is Not Acceptable) 4015 N. Woodland Pt City Crystal River FL Zip Code 34428	
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, the registered agent.			
SIGNATURE Melody M. Garnett Signature, typed or printed name of registered agent and filer if applicable		Melody M. Garnett 10/13/06 (NOTE: Registered Agent signature required when capitalizing) DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARNET, CARTER 4015 NORTH WOODLAND POINT CRYSTAL RIVER, FL 34428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800080966558 10/18/06--01057--012 \$150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: Carter G. Garnett SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Carter G. Garnett 10/13/06 Pres. Date Daytime Phone #	

K. Eckel OCT 25 2006