
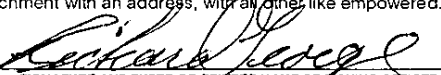


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90095 033 ***150.00

| | | | | | |
|---|----------------------|---|---|---|--|
| DOCUMENT # P04000053339 | | | |  | |
| 1. Entity Name CG HOMECENTER INC. | | | | | |
| Principal Place of Business 28274 SENATOR DRIVE PUNTA GORDA FL 33955 US | | | Mailing Address 28274 SENATOR DRIVE PUNTA GORDA FL 33955 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number | |
| | | | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GEORGE, RICHARD 28274 SENATOR DRIVE PUNTA GORDA FL 33955 | | | | 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) | | | | | |
| 7/18/05 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | | |
| 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | P | <input type="checkbox"/> Delete | | | |
| NAME | GEORGE, RICHARD | | | | |
| STREET ADDRESS | 28274 SENATOR DRIVE | | | | |
| CITY - ST - ZIP | PUNTA GORDA FL 33955 | | | | |
| TITLE | VP | <input type="checkbox"/> Delete | | | |
| NAME | GEORGE, CAROL L | | | | |
| STREET ADDRESS | 28274 SENATOR DRIVE | | | | |
| CITY - ST - ZIP | PUNTA GORDA FL 33955 | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| 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. | | | | | |
| SIGNATURE:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| 7/18/05 741-575-4459 | | | | | |
| Date Daytime Phone # | | | | | |

ATTACHMENT

50057191-
#P04 000053339

C.G. HOME CENTER, INC.

28274 SENATOR DRIVE
PUNTA GORDA, FLORIDA 33955
941-575-4459

July 18, 2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
P.O. BOX 6850
TALLAHASSEE, FLORIDA 32314

DIVISION OF CORPORATIONS:

WE ARE WRITING THIS LETTER TO GIVE AN EXPLANATION FOR BEING LATE FILING OUR ANNUAL REPORT. THE COUNTY WHICH WE LIVE (CHARLOTTE), WAS DEVASTATED LAST YEAR BY FOUR HURRICANES. OUR HOME AND OFFICE WAS SEVERELY DAMAGED CAUSING US TO RELOCATE FOR 8 MONTHS. UPON RECEIVING YOUR NOTICE OF INTENT TO DISSOLVE, I ATTEMPTED TO OBTAIN FORMS FROM YOUR WEBSITE, BUT, COULD NOT PRINT THEM. I IMMEDIATELY PHONED YOUR OFFICE AND SPOKE TO CATHY ON JULY 1, 2005. SHE INFORMED ME THE LATE CHARGE MAY BE WAVED DUE TO OUR EXTENUATING CIRCUMSTANCES. CATHY AGREED TO SEND THE NECESSARY FORMS BY MAIL. I RECEIVED THEM TODAY, 7/18/05. THE FORM AND CHECK WILL BE SENT OUT IMMEDIATELY. THANK YOU FOR YOUR HELP AND CONCERN.

SINCERELY,


CAROL GEORGE