

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129570

FILED
Feb 25, 2008
Secretary of State

Entity Name: FLORIDA'S ECONOMIC GROWTH FOUNDATION, INC.

Current Principal Place of Business:

5551 RIDGEWOOD DR SUITE 501
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

5551 RIDGEWOOD DR SUITE 501
NAPLES, FL 34108

New Mailing Address:

FEI Number: 51-0524318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIDKIN, JEFFREY D ESQ
5551 RIDGEWOOD DR SUITE 501
NAPLES, FL 34108 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: C () Delete
Name: MELTON, HOWELL
Address: 200 S ORANGE AVENUE, #2600
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: LEWIS, JAMES
Address: 200 CELEBRATION PLACE, 2ND FL
City-St-Zip: CELEBRATION, FL 34747

Title: D (X) Delete
Name: LYASH, JEFF
Address: PO BOX 14042
City-St-Zip: ST. PETERSBURG, FL 33733

Title: D (X) Delete
Name: DEEVER, DAN
Address: 2520 SAND MINE ROAD
City-St-Zip: DAVENPORT, FL 33897

Title: D (X) Delete
Name: LAUBSCHER, LOUIS
Address: 800 N MAGNOLIA AVENUE, SUITE 1100
City-St-Zip: ORLANDO, FL 32803

Title: D (X) Delete
Name: MURPHY, PAMELA
Address: 800 N MAGNOLIA AVENUE, SUITE 1100
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LAUBSCHER, LOUIS
Address: 800 N MAGNOLIA AVENUE, SUITE 1100
City-St-Zip: ORLANDO, FL 32803

Title: D (X) Change () Addition
Name: MURPHY, PAMELA
Address: 800 N MAGNOLIA AVENUE, SUITE 1100
City-St-Zip: ORLANDO, FL 32803

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: PAMELA MURPHY

V

02/25/2008

Electronic Signature of Signing Officer or Director

Date