

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000014324

1. Entity Name
FEPGP, INC.



Principal Place of Business
809 NW GREENWICH CT
PORT SAINT LUCIE, FL 34983

Mailing Address
809 NW GREENWICH CT
PORT SAINT LUCIE, FL 34983



05252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0534825

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PETRUFF, PHYLLIS
809 NW GREENWICH COURT
PORT ST. LUCIE, FL 34983

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PETRUFF, GEORGE L
STREET ADDRESS	809 NW GREENWICH CT
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	V
NAME	PETRUFF, PHYLLIS
STREET ADDRESS	809 NW GREENWICH CT
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/04/08-80068-008 150.00

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IN THIS SPACE**

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 life empowered.

SIGNATURE:

George L. Petruff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/08
Date

772-216-6420
Daytime Phone #