2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000012507

City-St-Zip:

Entity Name: TGL ENTERPRISES, INC.

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 315 EAST NEW MARKET RD IMMOKALEE, FL 34142 **Current Mailing Address: New Mailing Address:** 315 EAST NEW MARKET RD PO BOX 3088 IMMOKALEE, FL 34142 IMMOKALEE, FL 34143 FEI Number: 11-3227961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEISINGER, SHERYL A 315 EAST NEW MARKET RD IMMOKALEE, FL 34142 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition THOMAS, JOHN SR Name: Name: 9905 CLINT MOORE RD Address: Address: City-St-Zip: BOCA RATON, FL 33496 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: LIPMAN, RICK Name: 315 EAST NEW MARKET RD Address: Address: IMMOKALEE, FL 34142 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition GARGIULO, JEFFERY Name: Name: 15000 EAST TAMIAMI TRAIL Address: Address: City-St-Zip: NAPLES, FL 33962 US City-St-Zip: Title: () Delete Title: VST () Change (X) Addition PURSE, TOBY Name: Name: Address: Address: 315 EAST NEW MARKET ROAD

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.

City-St-Zip:

IMMOKALEE, FL 34142

SIGNATURE: TOBY PURSE VST 01/08/2009