


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90048 038 ***150.00

DOCUMENT # P93000014354																													
1. Entity Name FBOG, INC.																													
Principal Place of Business 5025 S US HWY 17-92 CASSELBERRY, FL 32707-3815			Mailing Address 5025 S US HWY 17-92 CASSELBERRY, FL 32707-3815 US																										
2. Principal Place of Business 1481 Rockingham Lane		3. Mailing Address 1481 Rockingham Lane																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State Deland, FL		City & State Deland, FL		4. FEI Number 59-3166924																									
Zip 32724		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SPARE, WILLIAM C 5025 S US HWY 17-92 CASSELBERRY, FL 32707-3815			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1481 Rockingham Lane City Deland FL 32724																										
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 <u>William C. Spare</u> William C. Spare 04/19/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees • Trust Fund Contribution.																										
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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: <u>William C. Spare</u>			William C. Spare, President/Treasurer																										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			407-443-8778 <small>Daytime Phone #</small>																										
<small>DATE</small>			04/19/2004 <small>DATE</small>																										