

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000000802

1. Entity Name
F.G. GAMEZ, INC.



Principal Place of Business
**1656 FAZZINI DR
FROSTPROOF, FL 33843 US**

Mailing Address
**402 WEST 7TH STREET
FROSTPROOF, FL 33843 US**



03282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FBI Number
59-3216577

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GAMEZ, FERNANDO G
402 WEST 7TH STREET
FROSTPROOF, FL 33843**

**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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000876604
04/11/08-80080-016 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GAMEZ, FERNANDO
STREET ADDRESS 402 WEST 7TH STREET
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE ST
NAME ALLISON, JACOBS
STREET ADDRESS 402 WEST 7TH STREET
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Allison Jacobs Allison Jacobs 03/28/08 (863) 528-4854