## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 23, 2007 08:00 AN Secretary of State **DOCUMENT # P94000011478** 1. Entity Name TGO REALTY, INC. Principal Place of Business Mailing Address PO BOX 3767 125 PLANTATION DR. TITUSVILLE, FL 32780 COCOA, FL 32924 02022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3225978 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MCDANIEL, LARRY DO NOT WRITE 125 PLANTATION DR TITUSVILLE, FL 32780 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME MCDANIEL, LARRY 125 PLANTATION DR. STREET ADDRESS TITUSVILLE, FL CITY-ST-ZIP TITLE DIDOMENICO, PATRICK E NAME STREET ADDRESS 125 PLANTATION DR. TITUSVILLE, FL 32780 CITY-ST-ZIP TITLE NAME KIRSCHENBAUM, MALCOLM STREET ADDRESS 125 PLANTATION DR. DO NOT WRITE TITUSVILLE, FL 32780 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 corporatiop of 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 own attachment with an address, with all other like empowered.

SIGNAT

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIREC

Daytime Phone