

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90069 025 ***150.00

DOCUMENT # P94000092478

1. Entity Name
FINANCIAL RESOURCES GROUP, INC.



Principal Place of Business Mailing Address
24301 WALDEN CENTER DRIVE 24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134 US BONITA SPRINGS, FL 34134 US

40111670



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3279648

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASTINGS, VIVIEN N
24301 WALDEN CENTER DR.
BONITA SPRINGS, FL 34134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE V ☒ Delete
NAME **ADELMAN, STEVEN C**
STREET ADDRESS **24301 WALDEN CENTER DR**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE D ☐ Delete
NAME **FRY, DAVID L**
STREET ADDRESS **24301 WALDEN CENTER DRIVE**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE P ☐ Delete
NAME **MESA, REINALDO L**
STREET ADDRESS **24301 WALDEN CENTER DR**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE VT ☐ Delete
NAME **SCHEIDEMANN, ERNEST J**
STREET ADDRESS **24301 WALDEN CENTER DR**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE S ☐ Delete
NAME **HASTINGS, VIVIEN S**
STREET ADDRESS **24301 WALDEN CENTER DRIVE**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE V ☐ Delete
NAME **CULLEN, JAMES D**
STREET ADDRESS **24301 WALDEN CENTER DRIVE**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James D Cullen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/07

Date

2394988544

Daytime Phone #