

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000007570

1. Entity Name
NGRJ, INC.



Principal Place of Business

1617 N. FEDERAL HWY.
LAKE WORTH, FL 33460

Mailing Address

P.O. BOX 1380
LAKE WORTH, FL 33460 US



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 65-0551818 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

VONDRAK, RICHARD
2580 S OCEAN BLVD
PALM BEACH, FL 33480

**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 rehashing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000402914
02/03/06-80028-008 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D VONDRAK, RICHARD B 2380 S OCEAN BLVD PALM BEACH, FL 33480 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VSTD MCCARTY, DOUGLAS E 1617 N. FEDERAL HWY LAKE WORTH, FL 33460 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD EHMAN, WILLIAM 837 ENTRADA DR FT MYERS, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MURDOCK, KENNEDY 5183 10TH AVE N. GREENACRES, FL 33463 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LOFSTROM, BERTIL 9025 SOMERSET BAY LANE, #302 VERO BEACH, FL 32963 |
| TITLE NAME STREET ADDRESS 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:

Douglas E. McCarty TREAS DOUGLAS MCCARTY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 24, 2006

5615880440

Date

Daytime Phone #