2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2005 08:00 AM Secretary of State DOCUMENT # P95000050589 1. Entity Name FG&L HOLDINGS, INC. Principal Place of Business . _ Mailing Address 1405 ADDISON RD ARCADIA FL 34266-180 US 1405 ADDISON AVE ARCADIA FL 33821 US 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3330169 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MYERS, HARRIS L Street Address (P.O. Box Number is Not Acceptable) 5515 41ST AVE E **BRADENTON FL 34208** City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ITTLE ☐ Addition HUE NAME PEARCE, FREDERIC C JR U00000328907 04/25/05-80094-022 150.00 HWY 72 & ADDISON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARCADIA FL 33821 CITY-ST-Ze TITLE ☐ Delete TITLE ☐ Change ☐ Addition HEILAND, GEORGE NAME MAME STREET ADDRESS STREET ADDRESS 640 TREMONT ST SARASOTA FL 34242 CITY ST UP CITY-ST-ZIP Change UICE ☐ Addition ☐ Delete TITLE NAME MYERS, HARRIS L NAME STREET ADDRESS STREET ADDRESS 5515 41ST AVE E CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIE Change ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Tille ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-ST-ZIP

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 trusted 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 attachinest with an addition, with all offer like empowered.

SIGNATURE:

AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

d 4/18/05

94/ 349-4321 Daytme Phone #

FILED