

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000089461

1. Entity Name
TJGV, INC.



Principal Place of Business
8841 COLLEGE PKWY
SUITE 101
FORT MYERS, FL 33919 US

Mailing Address
8841 COLLEGE PKWY
SUITE 101
FORT MYERS, FL 33919 US



01042008 No Chg-P CR2E034 (11/05)

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4. FBI Number
65-0706873

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VALENTI, JOSEPHINE
1681 LONG MEADOW ROAD
FORT MYERS, FL 33919

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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**

U00000927934

05/21/08 00000 004 150.00

10. OFFICERS AND DIRECTORS

TITLE PDST
NAME VALENTI, THOMAS S
STREET ADDRESS 1681 LONG MEADOW ROAD
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE DVP
NAME VALENTI, JOSEPHINE
STREET ADDRESS 1681 LONG MEADOW ROAD
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Thomas S. Valenti* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08 (239)4374662

Date

Daytime Phone #