

2004 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90030 041 ***150.00

DOCUMENT # P97000016016

1. Entity Name

CNG, INC.



Principal Place of Business

23615 E CR 1474
HAWTHORNE FL 32640

Mailing Address

23615 E CR 1474 -
HAWTHORNE FL 32640

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KRAUS, JUNE G
23615 E CR 1474
HAWTHORNE FL 32640

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--------------------------------------------|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | KRAUS, JUNE G | |
| STREET ADDRESS | 23615 E CR 1474 | |
| CITY-ST-ZIP | HAWTHORNE FL 32640 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | KRAUS, JUNE | |
| STREET ADDRESS | 23615 E CR 1474 | |
| CITY-ST-ZIP | HAWTHORNE FL 32640 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|------------------------------------------------------------------------------|
| TITLE | Sec/Tres. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JUNE G. KRAUS | |
| STREET ADDRESS | 23615 E. CR 1474 | |
| CITY-ST-ZIP | HAWTHORNE, FL. 32640 | |
| TITLE | Pres. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RICK A. KRAUS | |
| STREET ADDRESS | 23615 E. CR 1474 | |
| CITY-ST-ZIP | HAWTHORNE, FL. 32640 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-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 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:

June G. Kraus

JUNE G. KRAUS

4-19-04

352-475-3041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #