

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90258 006 ***158.75

DOCUMENT # P97000081369

1. Entity Name
TG ENTERPRISES OF KEY WEST, INC.



Principal Place of Business
513 WHITEHEAD STREET
KEY WEST, FL 33040

Mailing Address
513 WHITEHEAD STREET
KEY WEST, FL 33040

2. Principal Place of Business

505 WHITEHEAD STREET
Suite, Apt. #, etc.
SUITE 1

3. Mailing Address

505 WHITEHEAD STREET
Suite, Apt. #, etc.
SUITE 1

City & State
KEY WEST, FL 33040

City & State
KEY WEST, FL

Zip
33040

Country
MONROE

Zip
33040

Country
MONROE

02282006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0788655

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROOT, TIMOTHY W
~~513 WHITEHEAD STREET~~ 505 WHITEHEAD STREET
KEY WEST, FL 33040 SUITE 1

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete
NAME ROOT, TIMOTHY W
STREET ADDRESS 1410 JOHNSON STREET
CITY-ST-ZIP KEY WEST, FL 33040

TITLE VPTD ☐ Delete
NAME CLARK, JOY LYN
STREET ADDRESS 1042 LOGGERHEAD LANE
CITY-ST-ZIP SUGARLOAF KEY, FL 33042

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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

02/28/06 PRESIDENT