

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90009 007 ***158.75

DOCUMENT # P97000081369

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



Principal Place of Business
**505 WHITEHEAD ST STE 1
KEY WEST, FL 33040**

Mailing Address
**505 WHITEHEAD ST STE 1
KEY WEST, FL 33040**

2. Principal Place of Business - No P.O. Box #

2409 N. Roosevelt Blvd

3. Mailing Address

2409 N. Roosevelt Blvd

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

4

City & State

Key West FL

City & State

Key West FL

Zip

33040

Country

Zip

33040

Country

01102007

Chg-P

CR2E034 (12/06)

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
505 WHITEHEAD ST STE 1
KEY WEST, FL 33040**

7. Name and Address of New Registered Agent

Name

Root, Timothy W.

Street Address (P.O. Box Number is Not Acceptable)

2409 N. Roosevelt Blvd

Key West

City

FL

Zip Code

33040

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, 2007 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
NAME
STREET ADDRESS
CITY - ST - ZIP

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