2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90131 009 ***150.00

DOCUMENT # P97000089244

1. Entity Name

FORTRESS MANAGEMENT GROUP, INCORPORATED

Principal Place of Business	Mailing Address
P. O. BOX 589 MIMS FL 32754	P. O. BOX 589 MIMS FL 32754

24045733

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
1616 N. Singleton Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Titusville, FL	
City & State	City & State
32796	
Zip / Country	Zip / Country

4. FEI Number 59-3473934 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMPSON, JAMES E 1690 ASHWOOD AVE TITUSVILLE FL 32796	Name: Thompson, James E Street Address (P.O. Box Number is Not Acceptable): 1616 N. Singleton Ave City: Titusville FL Zip Code: 32796

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: James E. Thompson JAMES E. Thompson 4/11/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMPSON, JAMES E P. O. BOX 589 MIMS FL 32754	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THOMPSON, CYNTHIA A P. O. BOX 589 MIMS FL 32754	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Cynthia A Thompson Cynthia A Thompson 4-11-04 321-403-2917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #