

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90302 050 ***150.00

DOCUMENT # P97000089244 1. Entity Name FORTRESS MANAGEMENT GROUP, INCORPORATED	
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Principal Place of Business 3884 GRANTLINE RD MIMS, FL 32754	Mailing Address P. O. BOX 589 MIMS, FL 32754
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DO NOT WRITE IN THIS SPACE



03142006 No Chg-P CR2E034 (11/05)

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 THOMPSON, JAMES E 3884 GRANTLINE RD MIMS, FL 32754
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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 _____ (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	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, JAMES E P. O. BOX 589 MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVP THOMPSON, CYNTHIA A P. O. BOX 589 MIMS, FL 32754
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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: *James E. Thompson* **James E. Thompson** 4/25/06 321-403-3901