## 2007 FOR PROFIT CORPORATION

**ANNUAL REPORT** FILED DOCUMENT # P98000045960 · Apr 25, 2007 08:00 A Secretary of State 1. Entity Name TGB INC. Principal Place of Business Mailing Address 24132 WESTMINISTER COURT P.O. BOX 1104 BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34605-0414 04092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3515067 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BICKEL, TERRY G DO NOT WRITE 24132 WESTMINISTER COURT BROOKSVILLE, FL 34601 IN THIS SPACE 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. (NOTF: Renistered Agent signature required when reinstating) U000007310**4**5 05/08/07-80103-010 150.<del>00</del> 9: Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME BICKEL, TERRY G STREET ADDRESS 24132 WESTMINISTER CT CITY-ST-ZIP BROOKSVILLE, FL 34601 TITLE SCHRAUT, GARY E STREET ADDRESS 421 W JEFFERSON ST CITY-ST-ZIP BROOKSVILLE, FL 34601 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE 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 other like empowered.

SIGNATURE: V

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR