

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000094440**

1. Entity Name  
TMGL, INC.



Principal Place of Business  
43309 U.S. HIGHWAY 19 NORTH  
TARPON SPRINGS, FL 34689

Mailing Address  
P.O. BOX 1608  
TARPON SPRINGS, FL 34688-1608



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3546944

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FRIEDLAND, LEW  
48309 US HWY 19 N  
TARPON SPRINGS, FL 34689

**DO NOT WRITE  
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.

(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**

000000590044  
01/24/07-80061-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
FRIEDLAND, LEW  
43309 U.S. HIGHWAY 19 NORTH  
TARPON SPRINGS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GRUNDY, SHEA T  
43309 U.S. HIGHWAY 19 NORTH  
TARPON SPRINGS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
ALDRIDGE, DANIEL  
43309 U.S. HIGHWAY 19 NORTH  
TARPON SPRINGS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
FORD, DAVID S  
43309 U.S. HIGHWAY 19 NORTH  
TARPON SPRINGS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEW FRIEDLAND

1-11-07

727-942-2591

Date

Daytime Phone #