


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 16, 2005 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # P99000034031 1. Entity Name 3CG, INC. |  |
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| Principal Place of Business 112 E 143RD AVENUE TAMPA, FL 33613 | Mailing Address 112 E 143RD AVENUE TAMPA, FL 33613 |
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DO NOT WRITE IN THIS SPACE



03132005 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3575456 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BENNETT, JAMES G 112 E 143RD AVE TAMPA, FL 33613 | DO NOT WRITE IN THIS SPACE |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1100000264973 03/16/05-80037-002 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WILKINS, BRIAN 11332 A WATER COURT TAMPA, FL 33612 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BENNETT, JAMES 112 E 143RD AVENUE TAMPA, FL 33613 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Bennett | 3/13/05 (813) 265-2138 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |