

**2008 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P99000034031**

1. Entity Name  
3CG, INC.



Principal Place of Business  
112 E 143RD AVENUE  
TAMPA, FL 33613

Mailing Address  
112 E 143RD AVENUE  
TAMPA, FL 33613



03162008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3575456

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

BENNETT, JAMES G  
112 E. 143RD. AVE.  
TAMPA, FL 33613

**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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000862675  
04/03/08-80060-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	WILKINS, BRIAN
STREET ADDRESS	11332 A WATER COURT
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	S
NAME	BENNETT, JAMES
STREET ADDRESS	112 E 143RD AVENUE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

March 16, 2008 (813) 880-8048

Date

Daytime Phone #