


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90108 006 ***150.00

DOCUMENT # P99000065679 1. Entity Name TFG SYSTEMS, INC.					
Principal Place of Business 1600 W COMMERCIAL BLVD FT LAUDERDALE, FL 33309			Mailing Address 1600 W COMMERCIAL BLVD FT LAUDERDALE, FL 33309		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0940098	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAMILLO, JOHN M 1600 W COMMERCIAL BLVD FT LAUDERDALE, FL 33309				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENSON, MARK 1600 W COMMERCIAL BLVD FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAMAN, PHILIP E 1600 W COMMERCIAL BLVD FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BOYLE, DON 1600 W COMMERCIAL BLVD FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRUCE, WILLIAM D 1600 W COMMERCIAL BLVD FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, NEIL C 3251 WASHINGTON BLVD ARLINGTON, VA 22201	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUGMAN, DAVID B 4875 N FEDERAL HWY FT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deborah S. Gardner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <i>Mark Stephenson</i> 3/25/04 954 453 6565 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

24044333



03052004 Chg-P CR2E034 (10/03)

Attachment
24044595

TFG SYSTEMS, INC.

ADDITIONAL DIRECTORS AND OFFICERS:

P990 000 656 79

Title:	V
Name:	John Camillo
Street Address:	1600 W. Commercial Blvd.
City-St-Zip:	Ft. Lauderdale, Florida 33309