

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000094283

1. Entity Name
E.J.G., INC.



Principal Place of Business
15320 COUNTY LINE ROAD
SPRING HILL, FL 34610

Mailing Address
15320 COUNTY LINE ROAD
SPRING HILL, FL 34610

DO NOT WRITE IN THIS SPACE

**FILED
Apr 09, 2005 08:00 AM
Secretary of State**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3607476	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

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IN THIS SPACE**

6. Name and Address of Current Registered Agent

GANNON, ELIZABETH
15320 COUNTY LINE ROAD
SPRING HILL, FL 34610

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

Elizabeth Gannon

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/04

**FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

U000000295528
04/09/05 00030 020 150.00

10. OFFICERS AND DIRECTORS

TITLE VTD
NAME GANNON, JOHN
STREET ADDRESS 15320 COUNTY LINE ROAD
CITY-ST-ZIP SPRING HILL, FL 34610

TITLE PSD
NAME GANNON, ELIZABETH
STREET ADDRESS 15320 COUNTY LINE ROAD
CITY-ST-ZIP SPRING HILL, FL 34610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Elizabeth Gannon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05 727-862-9474
Date *4/7/05* *727-862-9474*
Daytime Phone #