


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91017 049 ***150.00


DOCUMENT # S53817
 1. Entity Name
E B G ENTERPRISES INC.



Principal Place of Business Mailing Address
200 N TAMPA STREET **200 N TAMPA STREET**
STE 118 **STE 118**
TAMPA FL 33602-5133 **TAMPA FL 33602-5133**

2. Principal Place of Business 3. Mailing Address
5610 N. Armenia Ave **5610 N. Armenia Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TAMPA, FL **TAMPA, FL**
 Zip Country Zip Country
33603 **USA** **33603** **USA**


 MOORE CR2E034 (11/03)
 4. FEI Number Applied For
59-3066782 Not Applicable

6. Name and Address of Current Registered Agent
GRIFFIN, E.B. JR.
3200 LOIS CT.
LAND O'LAKES FL 34639

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

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 *E.B. Griffin Jr.* DATE **4-13-2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRIFFIN, E.B. JR.	
STREET ADDRESS	3200 LOIS CT.	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRIFFIN, ELIZABETH D.	
STREET ADDRESS	3200 LOIS CT.	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARTINEZ, RAY	
STREET ADDRESS	8922 DONNA LU DR	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *E.B. Griffin Jr.* Date **4-13-04** Daytime Phone # **875-1106**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR