

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # V06511	
1. Entity Name C G PRODUCTIONS, INC.	

Principal Place of Business 8350 SAVANNAH TRACE CIR 208 TAMPA, FL 33615 US	Mailing Address 8350 SAVANNAH TRACE CIR 208 TAMPA, FL 33615 US
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DO NOT WRITE IN THIS SPACE

01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0391979	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GRAHAM, CHRISTINE
8350 SAVANNAH TRACE CIRCLE
SUITE 208
TAMPA, FL 33615**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	NAME GRAHAM, CHRISTINE
STREET ADDRESS 8350 SAVANNAH TRACE CIR #208	
CITY - ST - ZIP TAMPA, FL 33615	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
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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: Christine Graham Christine Graham 3/25/04 813-884-0514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President