

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State



DOCUMENT # J50166				1. Entity Name SG EQUITIES, INC.									
Principal Place of Business 4104 20TH ST. WEST BRADENTON, FL 34205			Mailing Address 4104 20TH ST. WEST BRADENTON, FL 34205										
2. Principal Place of Business		3. Mailing Address		01072005 Chg-P CR2E034 (10/03)									
Suite, Apt. #, etc.		Suite, Apt #, etc.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">4. FEI Number 59-2772372</td> <td colspan="2">Applied For <input type="checkbox"/> Not Applicable</td> </tr> <tr> <td colspan="2">5. Certificate of Status Desired <input type="checkbox"/></td> <td colspan="2">\$8.75 Additional Fee Required</td> </tr> </table>		4. FEI Number 59-2772372		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required											
City & State		City & State											
Zip	Country	Zip	Country										
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent										
GOLDMAN, STANLEY 4104 20TH ST. WEST BRADENTON, FL 34205			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME	GOLDMAN, STANLEY	NAME											
STREET ADDRESS	4511 BAYSHORE RD.	STREET ADDRESS											
CITY- ST- ZIP	SARASOTA, FL	CITY- ST- ZIP											
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME	STEELE, HILLARY	NAME											
STREET ADDRESS	5829 RIEGELS HARBOR RD	STREET ADDRESS											
CITY- ST- ZIP	SARASOTA, FL 34242	CITY- ST- ZIP											
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME		NAME											
STREET ADDRESS		STREET ADDRESS											
CITY- ST- ZIP		CITY- ST- ZIP											
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
NAME		NAME											
STREET ADDRESS		STREET ADDRESS											
CITY- ST- ZIP		CITY- ST- ZIP											
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CITY- ST- ZIP		CITY- ST- ZIP											
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NAME		NAME											
STREET ADDRESS		STREET ADDRESS											
CITY- ST- ZIP		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: <i>[Signature]</i>			Date: 2-22-05		Telephone: 755-2661								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Telephone								



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