2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2008
Secretary of State

DOCUMENT# P06000149267

Entity Name: S & G MANUFACTURING, INC.

Current Principal Place of Business:

1766 S.W. COLUMBIA STREET
PORT ST. LUCIE, FL 34987 US

New Principal Place of Business:

1766 S.W. COLUMBIA STREET
PORT ST. LUCIE, FL 349872073 US

Current Mailing Address:

1766 S.W. COLUMBIA STREET
PORT ST. LUCIE, FL 34987 US

New Mailing Address:

1766 S.W. COLUMBIA STREET
PORT ST. LUCIE, FL 349872073 US

FEI Number: 41-2221235 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALVARESE PROFESSIONAL ACCOUNTING
1766 S.W. COLUMBIA STREET
PORT ST. LUCIE, FL 34987 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GRIEVE, SAMUEL D
Address: 1766 S.W. COLUMBIA STREET
City-St-Zip: PORT ST. LUCIE, FL 34987 US

Title: VPD ( ) Delete
Name: GRIEVE, GERALD J
Address: 1766 S.W. COLUMBIA STREET
City-St-Zip: PORT ST. LUCIE, FL 34987 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GRIEVE, SAMUEL D
Address: 1766 S.W. COLUMBIA STREET
City-St-Zip: PORT ST. LUCIE, FL 349872073 US

Title: VPD (X) Change ( ) Addition
Name: GRIEVE, GERALD J
Address: 1766 S.W. COLUMBIA STREET
City-St-Zip: PORT ST. LUCIE, FL 349872073 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL D. GRIEVE PD 02/17/2008

Electronic Signature of Signing Officer or Director Date