


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90496 031 ***150.00

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| DOCUMENT # P01000115156 1. Entity Name SGO OF JACKSONVILLE, INC. |  |
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| Principal Place of Business 1079 ATLANTIC BLVD., STE 3 & 4 ATLANTIC BEACH, FL 32233 | Mailing Address 1079 ATLANTIC BLVD., STE 3 & 4 ATLANTIC BEACH, FL 32233 |
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04232005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3757317 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent PATTERSON BOND & LATSHAW, P.A. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250 |
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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: _____ DATE: _____
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, 2005 Fee will be \$550.00

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|--------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD FLORIO, KAREN E 14557 PABLO TERRACE JACKSONVILLE, FL 32224 |
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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: Karen E. Florio *Karen E. Florio Pres. 4/22/05* 904.241.3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daytime Phone #