


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000115156  
 1. Entity Name  
 SGO OF JACKSONVILLE, INC.



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

**DO NOT WRITE IN THIS SPACE**



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-3757317 Applied For / Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	FLORIO, KAREN E
STREET ADDRESS	14557 PABLO TERRACE
CITY - ST - ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	

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 05/04/06-80105-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* 04-20-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #