


08-27-2004 90002 003 ***150.00
557522

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # 557522 1. Entity Name S & G SERVICES LIMITED, INC.			
Principal Place of Business 5570 S. KENANSVILLE RD. YEEHAW JUNCTION, FL 34972		Mailing Address 5570 S. KENANSVILLE RD. YEEHAW JUNCTION, FL 34972	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1794693		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZICHECK, BEVERLY 5570 S. KENANSVILLE RD. YEEHAW JUNCTION, FL 34972		7. Name and Address of New Registered Agent 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 -changing) Signature (typed or printed name of registered agent and title if applicable) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	STDV ZICHECK, BEVERLY 5570 S. KENANSVILLE RD. YEEHAW JUNCTION, FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ Typed or Printed Name of Signing Officer or Director		Date 8/10/04 Daytime Phone # _____	

Attachment

54070348
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To Fla Dept of State.

From S & G Services Ltd Inc.

Re Waiver of Penalty

When the registrations were mailed out, I have 3 companies...to file for.

I also had a really bad concussion. On one of the forms, I sent you a couple of my deposits to the bank, on another, I sent the wrong check with the particular form of which you sent them both back...and on the 2nd attempt, I think you sent back a check for \$150, maybe I was trying to pay for this one without having the form!!!!

Some how in all this I do not remember seeing the blank for S & G services as I did not write a check for it...so I do not think I ever got the form. My mind is somewhat better now.

When I requested the form when I received notice, I kept waiting and finally whitedout And old one and sent the # \$150, looks like I forgot to send the letter asking for a waiver.

Please consider this.

Bev Zicheck

8/20/04

