


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000007133	
1. Entity Name SGI HOLDINGS, INC.	

Principal Place of Business 305 MARLBOROUGH ST OLDSMAR, FL 34677	Mailing Address 1235 WESTLAKES DR SUITE 215 BERWYN, PA 19312
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03032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FET Number 23-2977225	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 DOYLE, COLETTE 305 MARLBOROUGH STREET OLDSMAR, FL 34677

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IN THIS SPACE**

6. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

**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 P	MORRISITTEE, COLLEEN G
NAME	305 MARLBOROUGH STREET
STREET ADDRESS	OLDSMAR, FL 34677
CITY-ST-ZIP	
TITLE V	DOYLE, COLETTE F
NAME	305 MARLBOROUGH STREET
STREET ADDRESS	OLDSMAR, FL 34677
CITY-ST-ZIP	
TITLE STD	MORRISON, STEPHEN H
NAME	1235 WESTLAKES DR SUITE 215
STREET ADDRESS	BERWYN, PA 19312
CITY-ST-ZIP	
TITLE CD	JUSTI, HENRY M
NAME	1235 WESTLAKES DR SUITE 215
STREET ADDRESS	BERWYN, PA 19312
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/06-80014-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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 which I am empowered.

SIGNATURE: Colette Doyle Colette F Doyle 3/3/06 813 8555 779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone