

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90070 035 \*\*\*158.75

**DOCUMENT # F06000004228**

1. Entity Name  
SGA HOLDINGS OF DELAWARE, INC.



Principal Place of Business  
16450 FELTON RD.  
LANSING, MI 48906

Mailing Address  
16450 FELTON RD.  
LANSING, MI 48906

**50001190**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112008

Chg-P

CR2E034 (12/06)

4. FEI Number  
20-5020877

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR.  
STE 4  
WESTON, FL 33331

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME CHRM  
BROCK, CLAY ☐ Delete  
STREET ADDRESS 111 W. WASHINGTON ST. STE 1340  
CITY-ST-ZIP CHICAGO, IL 60602

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME P/S  
HILTON, THOMAS ☐ Delete  
STREET ADDRESS 16450 FELTON RD.  
CITY-ST-ZIP LANSING, MI 48906

TITLE NAME P/S ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME K D  
WORMLEY, PAUL ☐ Delete  
STREET ADDRESS 111 W. WASHINGTON ST STE. 1340  
CITY-ST-ZIP CHICAGO, IL 60602

TITLE NAME D ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME T  
CHRISTINE ZWEERING ☐ Change ☒ Addition  
STREET ADDRESS 16450 FELTON RD  
CITY-ST-ZIP LANSING, MI 48906

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TOM HILTON**

**1/25/08**

Date

**517-323-0000**

Daytime Phone #