

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # G20667

1. Entity Name

C & G SINATSCH, INC.



FILED
Aug 18, 2008 08:00 AM
Secretary of State



Principal Place of Business

% CLAUDE SINATSCH
45 SAN MARCO AVE
ST AUGUSTINE FL 32084

Mailing Address

% CLAUDE SINATSCH
45 SAN MARCO AVE
ST AUGUSTINE FL 32084

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

4. FEI Number 59-2240576

Applied For
Not Applicable

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

2nd MOORE CR2E034 (4/08)

6. Name and Address of Current Registered Agent

SINATSCH, CLAUDE
45 SAN MARCO AVE
ST AUGUSTINE FL 32084

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME SINATSCH, CLAUDE
STREET ADDRESS 45 SAN MARCO AVE
CITY-ST-ZIP ST AUGUSTINE, FL 00000

TITLE D ☐ Delete
NAME SINATSCH, GISELLE U.
STREET ADDRESS 45 SAN MARCO AVE
CITY-ST-ZIP ST AUGUSTINE FL

TITLE DAVP ☐ Delete
NAME KELBERT, PATRICIA
STREET ADDRESS 45 SAN MARCO AVE
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE DAVP ☐ Delete
NAME KELBERT, JOSEPH
STREET ADDRESS 45 SAN MARCO AVE
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000957890
CITY-ST-ZIP 08/18/08-80006-026 550.00

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Day) (mo) (Phone #)

Claude Sinatsch CLAUDE SINATSCH 8-10-08