


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K66609</b> 1. Entity Name SGF ENGINEERING CONSULTANTS, INC.	
---	---

Principal Place of Business 10239 W. SAMPLE RD CORAL SPRINGS, FL 33065 US	Mailing Address 10239 W. SAMPLE RD CORAL SPRINGS, FL 33065 US
---	---

**DO NOT WRITE IN THIS SPACE**



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0100112	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SOMMERER, DIANE K.  
3300 UNIVERSITY DR  
SUITE 225  
CORAL SPRINGS, FL 33365

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOMMERER, DIANE K. 3300 UNIVERSITY DR STE 225 CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELL, MADELINE 10239 WEST SAMPLE RD. CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHULER, ROBERT 10239 W. SAMPLE RD POMPANO BEACH, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000691871  
04/13/07-80028-005 158.75

**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 all other like empowered.

**SIGNATURE:** *Madelaine K. Fell* MADELINE FELL as President **4/3/07** 9543446106  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #