

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 25, 2008 08:00 AM  
Secretary of State

DOCUMENT # K73090

1. Entity Name  
S & G DE LOACH, INC.



Principal Place of Business Mailing Address

7717 DALE DR. 7717 DALE DR.  
PORT RICHEY, FL- 34668 PORT RICHEY, FL 34668

**DO NOT WRITE IN THIS SPACE**

02212008 No Chg-R... CR2E034 (11/05)

4. FEI Number 65-0108867 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

DELOACH, GUY H  
7717 DALE DR.  
PORT RICHEY, FL 34668

**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 \_\_\_\_\_

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

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DELOACH, GUY H
STREET ADDRESS	7717 DALE DR.
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	V
NAME	DELOACH, STACY E
STREET ADDRESS	7717 DALE DR.
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000839352  
03/06/08-80004-023 150.00

**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 all other like empowered.

SIGNATURE: Guy H DeLoach 2-21-08 727 946-1112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #