

# 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

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

Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



02212008 No Chg-P... 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 \_\_\_\_\_  
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 **\$5.00** May Be  
Trust Fund Contribution. ☐ -Added to Fees

**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	

000000839352  
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-21-08**

Date

**727 946-1112**

Daytime Phone #