


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90040 004 ***158.75

DOCUMENT # M97541

1. Entity Name
 SNG, INC.



Principal Place of Business
 1020 N. WASHINGTON BLVD.
 SARASOTA, FL 34237 US

Mailing Address
 1450 BERN CREEK LOOP
 SARASOTA, FL 34240 US

34003440



2. Principal Place of Business
 P.O. Box 51102
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 51102
 Suite, Apt. #, etc.

01152004 Chg-P CR2E034 (10/03)

City & State
 SARASOTA, FL

City & State
 SARASOTA, FL

Zip Country
 34232 SARASOTA

Zip Country
 34232 SARASOTA

4. FEI Number
 65-0070469

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GAVRILIS, STYLIANOS
 1020 N. WASHINGTON BLVD.
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name
 GAVRILIS, STYLIANOS

Street Address (P.O. Box Number is not acceptable)
 838 Whit Field Ave

City
 SARASOTA FL Zip Code
 34243

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAVRILIS, STYLIANOS 1020 N. WASHINGTON BLVD. SARASOTA, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GAVRILIS, NANCY M. 1020 N. WASHINGTON BLVD. SARASOTA, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 838 Whit Field Ave SARASOTA, FL. 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 838 Whit Field Ave. SARASOTA, FL. 34243
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  STYLIANOS GAVRILIS (941) 377-3947

Signature and typed or printed name of signing officer or director Date Daytime Phone #