


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90024 014 ***150.00

| | | |
|--|--|---|
| DOCUMENT # P00000015009 | |  |
| 1. Entity Name S & G PRODUCTS, CORP. | | |

| | |
|--|--|
| Principal Place of Business 900 RIVER REACH DR., #120 FT. LAUDERDALE, FL 33315 | Mailing Address 900 RIVER REACH DR., #120 FT. LAUDERDALE, FL 33315 |
|--|--|

54025437

| | | | |
|--------------------------------|---------|--|---------------------------|
| 2. Principal Place of Business | | 3. Mailing Address 941 SE 20th Street MAIL BOX C-4 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State FT. LAUDERDALE, FL | |
| Zip | Country | Zip 33316 | Country BROWARD |



03292004 Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 65-0980957 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent PELIOTES, STEVEN G 900 RIVER REACH DR., #120 FT. LAUDERDALE, FL 33315 | | 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 \$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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|---------------------------|--|--|---|---|--|--|
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | PELIOTES, STEVEN G | | | NAME | | | |
| STREET ADDRESS | 900 RIVER REACH DR., #120 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33315 | | | CITY-ST-ZIP | | | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DALY, GEORGE D | | | NAME | | | |
| STREET ADDRESS | 900 RIVER REACH DR., #120 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33315 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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: **Steve G. Peliotas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 29-04

Date

Daytime Phone #