

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90009 041 ***150.00

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1. Entity Name
SGH OF CAPE CORAL, INC.



Principal Place of Business
4920 EDITH ESPLANDE
CAPE CORAL, FL 33904

Mailing Address
1318 LAFAYETTE STREET
CAPE CORAL, FL 33904

40008784



01252007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0788153
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, THOMAS
1318 LAFAYETTE STREET
CAPE CORAL, FL 33904

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, 2007 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
NAME HORST, FRANK ☐ Delete
STREET ADDRESS 4920 EDITH ESPLANADE
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE P ☒ Change ☐ Addition
NAME FRANK, HORST
STREET ADDRESS 4920 EDITH ESPLANADE
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE V ☐ Delete
NAME FRANK, SIBYLLE
STREET ADDRESS 4920 EDITH ESPLANADE
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME FRANK, GERDA
STREET ADDRESS 4920 EDITH ESPLANADE
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Frank Horst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-07
Date

Daytime Phone #