

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 A
Secretary of State

DOCUMENT # P00000044696	
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



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0788153	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HILL, THOMAS 1318 LAFAYETTE STREET CAPE CORAL, FL 33904	DO NOT WRITE IN THIS SPACE
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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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORST, FRANK 4920 EDITH ESPLANADE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANK, SIBYLLE 4920 EDITH ESPLANADE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANK, GERDA 4920 EDITH ESPLANADE CAPE CORAL, FL 33904
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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: Horst Frank Horst Frank 2-12-08 239-549-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #