2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000013320

1. Entity Name
SGO AROUND THE BAY, INC.

Principal Place of Business	Mailing Address
737 MAIN STREET SUITE 102 SAFETY HARBOR, FL 34695	737 MAIN STREET SUITE 102 SAFETY HARBOR, FL 34695

DO NOT WRITE IN THIS SPACE

04072005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
45-0500712	Not Applicable

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

6. Name and Address of Current Registered Agent

M. SUSAN DIGRANDI
737 MAIN STREET
SUITE 102
SAFETY HARBOR, FL 34695

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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 _____

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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000324007 04/22/05-80075-012 150.00

10.   OFFICERS AND DIRECTORS

TITLE	STD
NAME	M. SUSAN DIGRANDI
STREET ADDRESS	737 MAIN STREET #102
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	P
NAME	SCHRANZ, CARRIE M
STREET ADDRESS	737 MAIN STREET #102
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4-11-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #