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Secretary of State

05-04-2004 90199 015 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000094611

1. Entity Name
SGT.'S ENTERPRISES, INC.

66428723

03182004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1358 SW BARTELL AVENUE PORT ST. LUCIE, FL 34953	1358 SW BARTELL AVENUE PORT ST. LUCIE, FL 34953

2. Principal Place of Business		3. Mailing Address	
2201 SE Indian St.		2201 SE Indian St.	
Suite, Apt. #, etc. E-6		Suite, Apt. #, etc. E-6	
City & State Stuart Fl.		City & State Stuart Fl.	
Zip 34997	Country Martin Co.	Zip 34997	Country Martin Co.

4. FEI Number 20-0274195 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KUHNER, MICHAEL D 1358 SW BARTELL AVENUE PORT ST. LUCIE, FL 34953	Name SAME Street Address (P.O. Box Number is Not Acceptable) 2201 SE INDIAN ST E-6 City STUART FL FL Zip Code 34997

NEW ADDRESS →

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] DATE 4/25/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P KUHNER, MICHAEL D 1358 SW BARTELL AVENUE PORT ST. LUCIE, FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUHNER, SYLVIA 1358 SW BARTELL AVENUE PORT ST. LUCIE, FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] Michael D Kuhner Pres 4-25-04 772 221-9372

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