


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90030 049 ***150.00

DOCUMENT # P03000125326		
1. Entity Name S.G.D. COMMUNICATIONS INC.		

Principal Place of Business 8415 N ARMENIA AVE, STE 240 TAMPA FL 33604	Mailing Address PO BOX 9740 TAMPA FL 33674
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2. Principal Place of Business 1706 W Beddingfield Dr	3. Mailing Address P.O. Box 9740
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa FL	City & State TAMPA FL
Zip 33603	Zip 33674
Country	Country Hillsborough

4. FEI Number 20-0140546	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAUX, SCHILLER G 8415 N ARMENIA AVE, STE 240 TAMPA FL 33604	
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7. Name and Address of New Registered Agent Name 1706 W Beddingfield Dr Street Address (P.O. Box Number is Not Acceptable) City Tampa FL Zip Code 33603	
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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 Schiller G DATE 1-29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUX, SCHILLER G 8415 N ARMENIA AVE, STE 240 TAMPA FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Schiller G <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1/29/04 Daytime Phone # 813-878-9950