


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90005 001 \*\*\*150.00

|                            |  |   |
|----------------------------|--|---|
| DOCUMENT # P04000122092    |  |  |
| 1. Entity Name<br>SGTE INC |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>2820 US 1 SOUTH<br>ST AUGUSTINE, FL 32086 | Mailing Address<br>2820 US 1 SOUTH<br>ST AUGUSTINE, FL 32086 |
|--|--|

90040300



|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br>1835 U.S. Hwy. 1, South<br>Suite, Apt. #, etc.<br>Suite 119-303<br>City & State<br>St. Augustine, FL<br>Zip<br>32084 | 3. Mailing Address<br>1835 U.S. Hwy. 1, South<br>Suite, Apt. #, etc.<br>Suite 119-303<br>City & State<br>St. Augustine, FL<br>Zip<br>32084 |
|--|--|

02272008 Chg-P CR2E034 (12/06)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>20-1528818  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent  
  
O'CONNELL, WILLIAM H  
2200 N PONCE DE LEON BLVD  
SUITE 10  
ST AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent  
  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
2825 Lewis Speedway  
Suite 104  
City St. Augustine, FL Zip Code 32084

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

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS |                        |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |
|----------------------------|------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      | P                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | ZITSMAN, CHARLES B     |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 3521 KINGS ROAD SOUTH  |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | ST AUGUSTINE, FL 32086 |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | VP                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | ANDREWS, JANE A        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 107 SHAMROCK RD        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | ST AUGUSTINE, FL 32086 |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                        |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                        |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                        |                                 | 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: Jane Andrews 3/13/08 904-794-0011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #