

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000162218

1. Entity Name
S.G. LAFOE, INC.



**FILED
Mar 10, 2005 8:00 am
Secretary of State**

03-10-2005 90152 017 ***163.75

JUUG4107



02062005 Chg-P CR2E034 (10/03)

4. FEI Number	Applied For
56-2489170	Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Name CHARLES D. LAFOE
Street Address (P.O. Box Number is Not Acceptable)
7629 Harrington Ln
City BRADENTON FL Zip Code 34202

6. 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 CHARLES D. LAFOE PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-08-05

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

10. OFFICERS AND DIRECTORS

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
LAFOE, CHARLES
8374 MARKET ST. #149
LAKEWOOD RANCH, FL 34202

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHARLES D. LAFOE
8374 MARKET ST. #149
LAKEWOOD RANCH, FL 34202

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: Charles D. Lafoe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/08/05 941)685-3345

Date

Daytime Phone #