

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000003922

1. Entity Name
SG SARASOTA, INC.



Principal Place of Business
650 S. NORTHLAKE BLVD.
STE 450
ALTAMONTE SPRINGS, FL 32701

Mailing Address
650 S. NORTHLAKE BLVD.
STE 450
ALTAMONTE SPRINGS, FL 32701



02192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2177709

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LECCESE, SALVADOR F
650 S. NORTHLAKE BLVD.
STE 450
ALTAMONTE SPRINGS, FL 32701

**DO NOT WRITE
IN THIS SPACE**

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 *Salvador F. Leccese* DATE 2/20/08
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LECCESE, SALVADOR F
STREET ADDRESS 650 S. NORTHLAKE BLVD. #450
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U000000838056
03/05/08-80015-013 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *Salvador F. Leccese* DATE 2/20/08 DAYTIME PHONE # 407 645-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR