

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000149267

Entity Name: S & G MANUFACTURING, INC.

FILED  
Apr 12, 2009  
Secretary of State

**Current Principal Place of Business:**

1766 S.W. COLUMBIA STREET  
PORT ST. LUCIE, FL 349872073 US

**New Principal Place of Business:**

**Current Mailing Address:**

1766 S.W. COLUMBIA STREET  
PORT ST. LUCIE, FL 349872073 US

**New Mailing Address:**

FEI Number: 41-2221235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALVARESE PROFESSIONAL ACCOUNTING  
1766 S.W. COLUMBIA STREET  
PORT ST. LUCIE, FL 34987 US

**Name and Address of New Registered Agent:**

GRIEVE, SAMUEL D  
1766 S.W. COLUMBIA STREET  
PORT ST. LUCIE, FL 34987 US

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.

SIGNATURE: SAMUEL D GRIEVE

04/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GRIEVE, SAMUEL D  
Address: 1766 S.W. COLUMBIA STREET  
City-St-Zip: PORT ST. LUCIE, FL 349872073 US

Title: VPD (X) Delete  
Name: GRIEVE, GERALD J  
Address: 1766 S.W. COLUMBIA STREET  
City-St-Zip: PORT ST. LUCIE, FL 349872073 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL D GRIEVE

PD

04/12/2009

Electronic Signature of Signing Officer or Director

Date