

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90015 026 ***150.00

DOCUMENT # P94000049901

1. Entity Name
S. J. G & F INC.



Principal Place of Business
**990 SR 434 N.
STE. 1180
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**990 SR 434 N.
STE. 1180
ALTAMONTE SPRINGS, FL 32714**

40017963



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3261951

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KUMAR, SUAHEKA
211 SHADOW BAY BLVD
LONGWOOD, FL 32779**

7. Name and Address of New Registered Agent

Name **SUREKHA KUMAR**
Street Address (P.O. Box Number is Not Acceptable)
3168 YATTIKA PLACE
City **Longwood** FL Zip Code **32779**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME **KUMAR, SUREKHA** ☐ Delete
STREET ADDRESS **211 SHADOW BAY BLVD**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE
NAME **KUMAR, CHARPN** ☐ Delete
STREET ADDRESS **211 SHADOW BAY BLVD**
CITY-ST-ZIP **LONGWOOD, FL 32778**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T/KUMAR, SUREKHA** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3168 YATTIKA PLACE**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **P** ☒ Change ☐ Addition
NAME **CHARAN KUMAR**
STREET ADDRESS **3168 YATTIKA PLACE**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/06

Date

407-788-7481

Daytime Phone #