

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90421 027 ***150.00

DOCUMENT # P96000011096

1. Entity Name
THE SG VENTURES COMPANY



Principal Place of Business
**36468 EMERALD COAST PKWY
SUITE 1201
DESTIN, FL 32541 US**

Mailing Address
**36468 EMERALD COAST PKWY
SUITE 1201
DESTIN, FL 32541 US**

94063924



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

10101

Suite, Apt. #, etc.

10101

City & State

City & State

03152004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3364493

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GWIN, CURTIS H
36474 EMERALD COAST PKWY
SUITE 1201
DESTIN, FL 32541**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 10101

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D GWIN, CURTIS H
36468 EMERALD COAST PKWY, SUITE 1201
DESTIN, FL 32541**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
36468 Emerald Coast Pkwy, Suite 10101

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D SHOULTS, HOWARD RAY
36468 EMERALD COAST PKWY, SUITE 1201
DESTIN, FL 32541**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
36468 Emerald Coast Pkwy, Suite 10101

TITLE
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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 an other like empowered.

SIGNATURE:

H. Ray Shoults **H. Ray Shoults**

4/26/04

850-837-0392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #