

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90019 024 ***150.00

DOCUMENT # P96000085821

1. Entity Name
S G CONSULTING SERVICES, INC.



Principal Place of Business
**3806 NORTH OAK DRIVE V-22
TAMPA, FL 33611**

Mailing Address
**C/O WALTER SANDERS
3355 BEARSS AVE
TAMPA, FL 33618 US**

DO NOT WRITE IN THIS SPACE

03142004 No Chg-P CF2E034 (10/03)

4. FEI Number
59-3405339

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANDERS, WALTER
3855 BEARSS AVE
TAMPA, FL 33618**

**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 Walter Sanders Walter Sanders 4/6/04
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEAREN, SHIRLEY A 3806 NORTH OAK DRIVE V-22 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEAREN, THOMAS T 3806 NORTH OAK DRIVE V-22 TAMPA, FL 33611
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IN THIS SPACE**

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: Shirley A. Gearen Shirley A. GEAREN 4-11-04 813-837-0965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #