## **2005 FOR PROFIT CORPORATION**

## FILED Apr 22, 2005 8:00 am Secretary of State

	ANNUAL	REPORT			Secreta	ary of Su	ale		
DOCUMENT # P96000085821 1. Entity Name					04-22-2005	90268 005 ***15	0.00		
S G CONS	SULTING SERVICES, INC.								
Principal Place	e of Business	Mailing Address			200	41160			
	OAK DRIVE V-22	C/O WALTER SANDERS			7.00				
TAMPA, FL 3	3011	3355 BEARSS AVE TAMPA, FL 33618 US		1 (44)(44)	. (A))	11 <b></b>	1881 M 1881		
2. Principal Pl	ace of Business	3. Mailing Address	- 1 11						
	<u> </u>	16528 N. Vale	Mabry HW	<u> </u>		il Bolat latat bilg) latin iloot kie	IMMT II IMMEI		
Suite, Apt.	#, etcg.	Suite, Apt. #, etc.	/ /	03242005	Chg-P	CR2E034 (10/03)			
City & State		City & State	-/	4. FEI Number 59-340		<del></del>	plied For t Applicable		
Zip	Country	Zip	Country, 5.		of Status Desired	□ \$8.75 Add	itional		
	6, Name and Address of Current F	Segistered Agent	<u>u.s.</u>		Address of New F	Fee Require	<u> </u>		
SANDERS	,; MALTED		Name Sa	n ders.	Walter				
3855 BEAF	RSS AVE		Street Addre	ess (P.O. Box Numb	er is Not Acceptabl	e)			
TAMPA, FL 33618			1650	14528 N. Dale Makey HWY					
F ·	2		City 7	im Da		FL ZipCod			
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 intristered agent.									
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: Re	gistered Agent signature rec	quired when reinstating)		DATE	<del></del>		
	E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees					
	ay 1, 2005 Fee will be \$550.0								
10.	OFFICERS AND I	DIRECTORS Delete	TITLE	· ADDITIONS,	CHANGES TO OFF	FICERS AND DIRECTORS  Change	S IN 11		
NAME	GEAREN, SHIRLEY A	- 2000	NAME				<del></del>		
STREET ADDRESS City-St-Zip	3806 NORTH OAK DRIVE V-22 TAMPA, FL 33611		STREET ADDRESS CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE		·	☐ Change	Addition		
NAME STREET ADDRESS	GEAREN, THOMAS T 3806 NORTH OAK DRIVE V-22		NAME STREET ADDRESS						
CITY+ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition		
STREET ADDRESS	•		STREET ADDRESS						
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP			☐ Change	Addition		
NAME		LJ Detere	NAME			C) change	C) MODICION		
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
	] certify that the information supplied with Lon this report or supplemental report is	this filing does not qualify for the		in Section 119.07(3)	(i), Florida Statutes	I further certify that the in	nformation		
indicated	on this report or supplemental report is	true and accurate and that my	signature shall have	tne same legal effe	ct as it 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: Surley Sewren	Shirley Gearen	3/24/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SE	IGNING OFFICER OR DIRECTOR	Date	Daytime Phone #