2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90126 013 ***150.00

DOCUMENT # P97000040919

1. Entity Name
SGS SERVICES, INC.

Principal Place of Business	Mailing Address
1971 LYONS ROAD #306 COCONUT CREEK FL 33063	1971 LYONS ROAD #306 COCONUT CREEK FL 33063

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
14804 Enclave Lakes	14804 Enclave Lakes
Suite, Apt. #, etc.: # T-1	Suite, Apt. #, etc.: # T-1
City & State: Delray Beach FL	City & State: Delray Beach FL
Zip: 33484 Country: USA	Zip: 33484 Country: USA

4. FEI Number 65-0753170 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRESTGARD, SALLY
1971 LYONS ROAD #306
COCONUT CREEK FL 33063

7. Name and Address of New Registered Agent

Name: Prestgard Sally (same)
Street Address (P.O. Box Number is Not Acceptable): 14804 Enclave Lakes #T-1
City: Delray Beach FL Zip Code: 33484

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: Sally Prestgard
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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PRESTGARD, SALLY	NAME	
STREET ADDRESS	1971 LYONS RD, SUITE 306 (see address change above)	STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33063	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Sally Prestgard 4/19/05 561 498-4395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #