


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90111 018 ***150.00


DOCUMENT # P99000066500
 1. Entity Name
SGA GOLF CORP.



Principal Place of Business Mailing Address
6 COUNTRY CLUB LANE **6 COUNTRY CLUB LANE**
MULBERRY, FL 33860 US **MULBERRY, FL 33860 US**

2. Principal Place of Business 3. Mailing Address
1300 Country Club Dr *1300 Country Club Dr*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

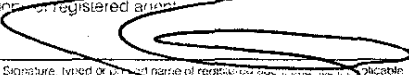
City & State City & State
Palm Bay *Palm Bay*
 Zip Country Zip Country
FL 32905 *FL 32905*



04132004 Chg-P CR2E034 (10/03)
 4. FEI Number **59-3591153** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PEPE, PETER
6 COUNTRY CLUB LANE
MULBERRY, FL 33860

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1300 Country Club Dr
 City *Palm Bay* FL *32905*

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 obligation of registered agent.
 SIGNATURE  DATE *4/13/04*

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

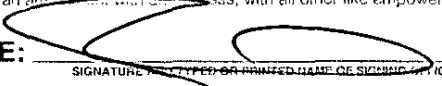
10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PEPE, PETER | |
| STREET ADDRESS | 854 CHAMPION DR NE | |
| CITY- ST- ZIP | PALM BAY, FL 32905 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | AIANI, JOHN | |
| STREET ADDRESS | 1496 SEPTER CT | |
| CITY- ST- ZIP | PALM BAY, FL 32905 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 attached statement of address, with all other like empowered.

SIGNATURE:  DATE *4/13/04* Daytime Phone # *3217296666*