


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90257 048 \*\*\*150.00

**DOCUMENT # P0000072115**

1. Entity Name  
**SAPP INVESTMENTS, INC.**



Principal Place of Business  
**319 MARSHALL STREET  
 KENNETT SQUARE, PA 19348**

Mailing Address  
**3230 STIRLING ROAD  
 SUITE 1  
 HOLLYWOOD, FL 33021**

**50041903**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03142005 Chg-P CR2E034 (10/03)

City & State  
 Zip Country

4. FEI Number  
**65-1027105**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ENGELBERG, MORRIS ESQ  
 3230 STIRLING ROAD  
 SUITE 1  
 HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 *Doris S. Kane* **DORIS S KANE** DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KANE, DORIS			NAME			
STREET ADDRESS	319 MARSHALL STREET			STREET ADDRESS			
CITY-ST-ZIP	KENNETT SQUARE, PA 19348			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TESLER, CANDACE F			NAME			
STREET ADDRESS	802 WESTWOOD LANE			STREET ADDRESS			
CITY-ST-ZIP	WILMETTE, IL 60091			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KANE, RANDALL			NAME			
STREET ADDRESS	152 LEADLINE LANE			STREET ADDRESS			
CITY-ST-ZIP	WEST CHESTER, PA 19382			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Doris S. Kane* **DORIS S. KANE** 4/21/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #