


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90276 023 ***158.75

DOCUMENT # P02000015020 1. Entity Name SAGA I INC.	
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Principal Place of Business 1006 BECK AVE. PANAMA CITY, FL 32401	Mailing Address 1006 BECK AVE. PANAMA CITY, FL 32401
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DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0551759	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FEHRENBACH, ROBERTA A 1006 BECK AVE. PANAMA CITY, FL 32401

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEHRENBACH, ROBERTA A 3803 W. 16TH STREET PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIDD, MARTON A 729 BRANDEIS AVE. PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUHMULLER, ELIZABETH A 2159 BRIARWOOD LR PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIDD, KATHRYN 729 BRANDEIS AVE. PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAPELSDEN, ELLEN D 3803 W. 16TH STREET PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUHMULLER, WILLIAM N 2159 BRIARWOOD CR PANAMA CITY, FL 32405

**DO NOT WRITE
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)(f), 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:  ELLEN D. MAPELSDEN 04.16.05 (850) 7693767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

140/0628

#P02000015020

mailed (10)

D.

Tyran, JoAnn A.

2508 W 21ST CT

Panama City FL 32405

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Panama City FL 32405