


**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90013 012 \*\*\*158.75

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P02000015020					
1. Entity Name SAGA I INC.					
Principal Place of Business 1006 BECK AVE. PANAMA CITY, FL 32401		Mailing Address 1006 BECK AVE. PANAMA CITY, FL 32401			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0551759	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FEHRENBACH, ROBERTA A 1006 BECK AVE. PANAMA CITY, FL 32401			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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FEHRENBACH, ROBERTA A	NAME			
STREET ADDRESS	3803 W. 16TH STREET	STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32401	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIDD, MARTON A	NAME			
STREET ADDRESS	729 BRANDEIS AVE.	STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRUHMULLER, ELIZABETH A	NAME			
STREET ADDRESS	2159 BRIARWOOD LR	STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIDD, KATHRYN	NAME			
STREET ADDRESS	729 BRANDEIS AVE.	STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAPELSDEN, ELLEN D	NAME			
STREET ADDRESS	3803 W. 16TH STREET	STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32401	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRUHMULLER, WILLIAM N	NAME			
STREET ADDRESS	2159 BRIARWOOD CR	STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32405	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 its 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: <u>Ellen Mapelsden</u> <i>Ellen Mapelsden Treasurer 04/27/08</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

40105639



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