

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000028212

1. Entity Name
SAGA II INC.



Principal Place of Business
729 BRANDEIS AVE
PANAMAC TIV, FL 32405

Mailing Address
3119 W 22ND ST
PANAMAC TIV, FL 32405

DO NOT WRITE IN THIS SPACE



03042006 No Chg-P CR2E034 (11/05)

4. FEI Number **04-3706584** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KIDD, MARTIN A
729 BRANDEIS AVE
PANAMAC TIV, FL 32405

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 _____

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, 2006 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
NAME	KIDD, MARTIN A
STREET ADDRESS	729 BRANDERS AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VP
NAME	FEHRENBACH, ROBERTA
STREET ADDRESS	3803 W. 16TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	S
NAME	BRUNMULLER, ELIZABETH
STREET ADDRESS	2159 BRIARWOOD CIRCLE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	T
NAME	MORGAN, GRADI
STREET ADDRESS	416 W. 15TH ST.
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____

Gradi Morgan
Gradi H. Morgan

4/29/06
4/29/06

850 230 6853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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