


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 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**



03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	

**DO NOT WRITE
IN THIS SPACE**

U00000710971
04/25/07-80065-006-450-00

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 A. Morgan** 4/11/07 850 230 6853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #