2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000154502

1. Entity Name
SAILFISH MANAGEMENT GROUP, INC.

FILED
04 AUG 24 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08162004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
108 S MAIN STREET GAINESVILLE, FL 32601	108 S MAIN STREET GAINESVILLE, FL 32601

2. Principal Place of Business	3. Mailing Address
	P. O. Box 141314
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Gainesville, FL
Zip / Country	Zip: 32614 / Country: USA

4. FEI Number: 86-1098003 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PURNELL, HAROLD F.X. ESQ RUTLEDGE ECENIA PURNELL & HOFFMAN PA 215 S MONROE STREET SUITE 420 TALLAHASSEE, FL 32301-1841	Name: PATRICK SIMPSON Street Address (P.O. Box Number is Not Acceptable) 108 S. MAIN STREET City: GAINESVILLE FL Zip Code: 32601

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: Patrick F. Simpson — 8/18/04
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAUGHLIN, DENNIS 139 COYATEE CIRCLE LOUDON, TN 37774	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHN A. SHARP 9110 OSAGE VALLEY SAN ANTONIO, TX 78251 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JANET G. SHARP POST OFFICE BOX 141314 GAINESVILLE, FL 32614 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200040466502 08/25/04--01001--010 **150.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200040466502 08/25/04--01001--011 **8.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Janet G. Sharp — Janet G. Sharp 8.18.04 — 352-377-1619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #