

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V00300

FILED
May 01, 2004
Secretary of State

Entity Name: SAGO INVESTMENTS, INC.

Current Principal Place of Business:

13501 LAKE LUNTZ DR
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1669
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 59-3102901 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TARR, SCOTT
13501 LAKE LUNTZ DRIVE
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TARR, SCOTT R
Address: 13501 LAKE LUNTZ DR
City-St-Zip: WINTER GARDEN, FL

Title: SD () Delete
Name: TARR, SUZANNE M,
Address: 13501 LAKE LUNTZ DR
City-St-Zip: WINTER GARDEN, FL

Title: VPD () Delete
Name: TARR, SUZANNE M
Address: 13501 LAKE LUITZ DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD () Delete
Name: TARR, SCOTT R
Address: 13501 LAKE LUITZ DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT R TARR

PD

05/01/2004

Electronic Signature of Signing Officer or Director

_____ Date