## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

## Feb 02, 2004 8:00 am **Secretary of State** DOCUMENT # P01000094527 1. Entity Name 02-02-2004 90003 041 \*\*\*150.00 OK SARAH, INC. Principal Place of Business Mailing Address 626 BEAL PKWY 705 OVER BROOKS DR FORT WALTON BEACH FL 32548 FT. WALTON BEACH FL 32547 2. Principal Place of Business 3. Mailing Address 705 OVER BROOKS 618. Beal PAKWY Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State 59-3751961 FIL FIGURON BEACK, LIL FORT WALTON REACIATE Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 32548 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEA, SARAH H 705 OVER BROOK DR FORT WALTON BEACH FL 32547 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-Jan -7 0 04. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change TITLE ☐ Delete SARAH. H NAME JEA, SARAH H NAME 705 OVEROUK DR 705 OVERBROOK DR. STREET ADDRESS STREET ADDRESS 7, W 8 31541) CITY-ST-7IP FT. WALTON BEACH FL 32547 CITY-ST-7IP Delete Change ☐ Addition TITLE HAMMEL OR HAMMITT, OK NAME 705 OVEROOK BR. STREET ADDRESS 705 OVERBROOK DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BEACH FL 32547 ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP 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.

FILED