


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 20, 2007 8:00 am
Secretary of State

07-20-2007 90018 025 ***550.00

DOCUMENT # P93000058815 1. Entity Name SASSY, INC.					
Principal Place of Business 6230 N A1A VERO BEACH FL 32963 US			Mailing Address 6230 N A1A VERO BEACH FL 32963 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0431225 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				2nd MOORE CR2E034 (4/07)	
6. Name and Address of Current Registered Agent DARRELL FENNELL 979 BEACHLAND BLVD. VERO BEACH FL 32963			7. Name and Address of New Registered Agent Name DEANA MARCHANT Street Address (P.O. Box Number is Not Acceptable) 537 TULIP LN. City VERO BEACH FL Zip Code 32963		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State		S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RITTER, SUSAN S 111 JOHNS ISLAND DRIVE INDIAN RIVER SHORES FL 32963 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARCHANT, DEANA 537 TULIP LN VERO BEACH FL 32963 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-16-07 234-3998