

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90021 001 ***150.00

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1. Entity Name
SAWDY ENTERPRISES, INC.

Principal Place of Business
**735-15TH AVENUE DRIVE EAST
PALMETTO, FL 34221**

Mailing Address
**735-15TH AVENUE DRIVE EAST
PALMETTO, FL 34221**



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1478565

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAKLIS, V. WILLIAM
1400 4TH AVE. W.
BRADENTON, FL 34205**

**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, 2004 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	SAWDY, MICHEAL WAYNE
STREET ADDRESS	735-15TH AVENUE DRIVE E
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	S DELETE
NAME	SAWDY, KIMBERLY ANN
STREET ADDRESS	735-15TH AVENUE DRIVE E
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	V.P. ADD
NAME	William Sawdy
STREET ADDRESS	735 15 AVE DRE
CITY-ST-ZIP	Palmetto FL 34221
TITLE	S PALMER THORNTON ADD
NAME	735 15 AVE DRE
STREET ADDRESS	Palmetto FL 34221
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Michael Wayne Sawdy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04 **941-722-4331**
Date Daytime Phone #