

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90337 049 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 570585

1. Entity Name
SARAGAR DEVELOPMENT CORP.



Principal Place of Business
**7023 LANGLEY PLACE
UNIVERSITY PARK, FL 34201**

Mailing Address
**7211 ST. JOHN'S WAY
UNIVERSITY PARK, FL 34201-2333**

14000852



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

7023 Langley Place

Suite, Apt. #, etc.

City & State

University Park, Fl.

Zip

34201

Country

03312004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1842054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARDEN, WILLIAM R
7023 LANGLEY PLACE
UNIVERSITY PARK, FL 34201**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
GARDEN, WILLIAM R
7023 LANGLEY PLACE
UNIVERSITY PARK, FL 34201** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GARDEN, LANCE S
6263 BUCKINGHAM ST
SARASOTA, FL 34238** ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
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☐ 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 or other like empowered.

SIGNATURE:

Wm. R. Garden

4/03/04

(941)

358-8878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #