


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90073 016 ***150.00

DOCUMENT # 633042			
1. Entity Name SAS ADVERTISING, INC.			
Principal Place of Business 8 BELLVIEW BLVD 308 BELLEAIR FL 33756 US		Mailing Address P O BOX 2016 CLEARWATER FL 33757-2016 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1977150		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent ADAMS, CHARLES H 8 BELLEVIEW BLVD 308 BELLEAIR FL 33756		7. Name and Address of New Registered Agent	
Name		ADAMS CHARLES H	
Street Address (P.O. Box Number is Not Acceptable)		8584 111TH ST NORTH #307	
City		SEMINOLE	FL Zip Code 33772

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 *Charles H. Adams* DATE 1-29-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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	VS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, ROBERT C.	NAME	
STREET ADDRESS	362 N CAROLINA AVE	STREET ADDRESS	
CITY-ST-ZIP	OZONA FL 34680	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	CHARLES H. ADAMS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, CHARLES H	NAME	CHARLES H. ADAMS
STREET ADDRESS	8 BELLEVIEW BLVD #308	STREET ADDRESS	8584 111TH ST N #307
CITY-ST-ZIP	BELLEAIR FL 33756	CITY-ST-ZIP	SEMINOLE FL 33772
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *CHARLES H. ADAMS Charles H Adams Pres* Date 1-29-04 Daytime Phone # 727-393-6941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR