


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F84361**

1. Entity Name  
**SAWYER INSURANCE, INC.**



Principal Place of Business      Mailing Address

**1412 ROYAL PALM SQ BLVD  
 STE 104  
 FT MYERS, FL 33919 US**

**P O BOX 9284  
 FT MYERS, FL 33902 US**

**DO NOT WRITE IN THIS SPACE**



01092007    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**59-2124624**

Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SAWYER, HENRY R  
 1412 ROYAL PALM SQ BLVD STE 104  
 FT MYERS, FL 33919**

**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, 2007 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	<b>P SAWYER, HENRY R 19001 WITTS END ALVA, FL 33920</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SAWYER, DEANNE W 19001 WITTS END ALVA, FL 33920</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000681424  
 04/04/07-80042-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Henry R Sawyer*      **3-26-07**      **239 275 0700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #