


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # G51397	
1. Entity Name SAPOLSKY RESEARCH, INC.	

Principal Place of Business 3868 W MILLER'S BRIDGE RD PO BOX 1047 TALLAHASSEE, FL 32312 US	Mailing Address 3868 W MILLER'S BRIDGE RD PO BOX 1047 TALLAHASSEE, FL 32312 US
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03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2307398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAPOLSKY, BARRY S. 3868 W MILLER'S BRIDGE RD TALLAHASSEE, FL 32312
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**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 \$650.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

000000680843
04/04/07-80017-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAPOLSKY, BARRY S. 3868 W MILLER'S BRIDGE RD TALLAHASSEE, FL 32313
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IN THIS SPACE**

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: Barry S. Sapolsky **3/27/07** **850-556-3404**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #