


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # G52419</b>	
1. Entity Name <b>SAWGRASS PLANTATION ENTERPRISES, INC.</b>	
	
Principal Place of Business <b>414 LIVE OAK AVE DAYTONA BCH., FL 32114 US</b>	Mailing Address <b>2360 COLFAX DR SOUTH DAYTONA, FL 32119</b>
<b>DO NOT WRITE IN THIS SPACE</b>	



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2323145</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>SIPOS, DAVID L 2360 COLFAX DR DAYTONA BEACH, FL 32118</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000894077 04/24/08-80013-018 150.00</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST SIPOS, DAVID L 2360 COLFAX DR S DAYTONA, FL 32119</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SIPOS, ROSE MARIE 2360 COLFAX DR S DAYTONA, FL 32119</b>
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**DO NOT WRITE  
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:**  **4/10/08 386 258 7960**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #