

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H30549

FILED
Jun 02, 2004
Secretary of State

Entity Name: SAGAERT ORCHIDS, INC.

Current Principal Place of Business:

5170 2ND RD
LAKE WORTH, FL 33467

New Principal Place of Business:

235 MIRAMAR WAY
WEST PALM BEACH, FL 33405

Current Mailing Address:

235 MIRIMAR
WEST PALM BEACH, FL 33405 US

New Mailing Address:

235 MIRAMAR WAY
WEST PALM BEACH, FL 33405 US

FEI Number: 59-2472768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBINS, KATHLEEN J
235 MIRIMAR
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

ROBBINS, KATHLEEN J
235 MIRAMAR WAY
WEST PALM BEACH, FL 33405 US

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.

SIGNATURE:

06/02/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: SAGAERT, DANIEL H
Address: P.O. BOX 1093
City-St-Zip: OCKLAWAHA, FL 32179

Title: PD () Delete
Name: ROBBINS, KATHLEEN
Address: 235 MIRIMAR
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: ROBBINS, KATHLEEN
Address: 235 MIRAMAR WAY
City-St-Zip: WEST PALM BEACH, FL 33405

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN J. ROBBINS

PD

06/02/2004

Electronic Signature of Signing Officer or Director

Date