

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J19753

1. Entity Name
SASSAMAN, INC.



Principal Place of Business
1349 UNIVERSITY PKWY
SARASOTA, FL 34243

Mailing Address
1349 UNIVERSITY PKWY
SARASOTA, FL 34243

FILED
Jan 24, 2005 08:00 AM
Secretary of State



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number 59-2697927 | 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

SASSAMAN, DAVID S.
1349 W UNIVERSITY PKWY
SARASOTA, FL 34243

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 | P SASSAMAN, DAVID A. 3162 ELMWOOD BEACH RD MIDDLEVILLE, MI 49333 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST SASSAMAN, JOSEPHINE L. 3162 ELMWOOD BEACH RD MIDDLEVILLE, MI 49333 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000193421
01/25/05-80059-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

David S. Sassaman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David S. Sassaman

19 Jan 05

269-795-8860

Date

Daytime Phone #