

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90016 003 ***150.00

DOCUMENT # J91179

1. Entity Name
SADDLEWOOD ESTATES, INC.



Principal Place of Business
**1311 N. CHURCH AVE.
TAMPA, FL 33607**

Mailing Address
**1311 N. CHURCH AVE.
TAMPA, FL 33607**

54038798



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0011144

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HABER, RICHARD M.
1311 NORTH CHURCH AVENUE
TAMPA, FL 33607**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LYNN, ANDREW J.
STREET ADDRESS	1311 N CHURCH AVE
CITY - ST - ZIP	TAMPA, FL 33607
TITLE	VPD
NAME	HABER, RICHARD M.
STREET ADDRESS	1311 N. CHURCH AVE.
CITY - ST - ZIP	TAMPA, FL
TITLE	STD
NAME	HABER, RICHARD M.
STREET ADDRESS	1311 N. CHURCH AVE.
CITY - ST - ZIP	TAMPA, FL
TITLE	D
NAME	SWENSON, DUANE
STREET ADDRESS	12300 W CENTER ST #200
CITY - ST - ZIP	MILWAUKEE, WI 53222
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04
(Date)

(813) 876-8320
(Daytime Phone #)