


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # J91179 1. Entity Name SADDLEWOOD ESTATES, INC.	
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Principal Place of Business 1311 N. CHURCH AVE. TAMPA, FL 33607	Mailing Address 1311 N. CHURCH AVE. TAMPA, FL 33607
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0011144	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYNN, ANDREW J. 1311 N CHURCH AVE TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HABER, RICHARD M. 1311 N. CHURCH AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HABER, RICHARD M. 1311 N. CHURCH AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWENSON, DUANE 12300 W CENTER ST #200 MILWAUKEE, WI 53222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/17/06-80035-022 150.00

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: [Signature] V.P. 1-10-06 813-876-8321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #