2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M75672

1. Entity Name

SAAG - FORT MEYERS, INC.



FILED Jan 31, 2008 08:00 AN Secretary of State

Daytime Phone #

Principal Place of Business

328 MARION ROAD WAREHAM, MA 02571 Mailing Address

328 MARION ROAD Wareham, Ma 02571



| DO | NOT | WRITE | IN THIS | SPACE |
|----|-----|--------|---------|-------|
| | | 441711 | | |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| 01232008 | No Chg-P | CR2E034 (11/05) | | | |
|---------------|----------|-----------------|-------------|--|--|
| 4. FEI Number | | | Applied For | | |

04-2597670 Not Applicable

5. Certificate of Status Desired See Required Fee Required

6. Name and Address of Current Registered Agent

WESTLAKE, RUTH P. 4325 S. BARNET PLANT CITY, FL 33567

SIGNATURE: _

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. | | | | | | | | |
| _ | P. W. D I. LOW | 1 K. 1 | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered | | | | required when reinstating) | DATE | | | |
| FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | cing | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | , * | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KATZEN, ALLEN 249 WILD HARBOR ROAD WEST FALMOUTH, MA 02556 | | ٠ | , · · | | • | | |
| TITLE NAME ,STREET ADDRESS CITY-ST-ZIP | | | | | U00000806473 02/06/08-80044-002 150.00 | | | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | | 4 · · · · · · · · · · · · · · · · · · · | DO | NOT WRITE | • | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN . | THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| 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 apcurate 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 employered be 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 dher like empowered. | | | | | | | | |