

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90010 002 \*\*\*\*61.25

**DOCUMENT # N01000009026**

1. Entity Name

SIRENS OF THE GOLDEN SABRE INC.



Principal Place of Business

10431 CRESTFIELD DR  
RUSKIN FL 33570

Mailing Address

P.O. BOX 89505  
TAMPA FL 33689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0549318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMARINIS, JILL  
10431 CRESTFIELD DR  
RIVERVIEW FL 33569

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	DEMARINIS, JILL	
STREET ADDRESS	10431 CRESTFIELD DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAIR, JODI	
STREET ADDRESS	1612 E TRAPNELL RD	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMLIN, BRENDA	
STREET ADDRESS	2024 CATTLEMAN DR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUTCHINSON, DAWN	
STREET ADDRESS	2716 WILDER RESERVE DR	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEGARETTA, ELITHA	
STREET ADDRESS	3307 W TYSON AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	I	<input type="checkbox"/> Delete
NAME	ALLGROVE, MEDINA	
STREET ADDRESS	10459 ASHLEY OAKS DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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:** *Medina Allgrove* Medina Allgrove 7.15.04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #