



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90076 036 ****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 2024 Cattleman Drive		3. Mailing Address 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Brandon, Florida		City & State 			
Zip 33511	Country USA	Zip 	Country 		
4. FEI Number 01-0549318				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02082005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent DEMARINIS, JILL 10431 CRESTFIELD DR RIVERVIEW, FL 33569			7. Name and Address of New Registered Agent Name Brenda Hamlin Street Address (P.O. Box Number Is Not Acceptable) 2024 Cattleman Drive City Brandon FL Zip Code 33511		
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 <u><i>Brenda J. Hamlin</i></u> <u><i>Brenda J. Hamlin</i></u> <u><i>2-26-05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P DEMARINIS, JILL 10431 CRESTFIELD DR RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Brenda Hamlin 2024 Cattleman Drive Brandon, FL 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAIR, JODI 1612 E TRAPNELL RD PLANT CITY, FL 33566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jill Demarinis 10431 Crestfield Dr. Riverview, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMLIN, BRENDA 2024 CATTLEMAN DR BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Amberlea Hamlin 2024 Cattleman Dr Brandon, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLGROVE, MEDINA 10459 ASHLEY OAKS DR RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Brenda J. Hamlin</i></u> <u><i>Brenda J. Hamlin</i></u> <u><i>2-26-05</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

813-376-0986