

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009026

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: SIRENS OF THE GOLDEN SABRE INC.

## Current Principal Place of Business:

2209 FLUORSHIRE DRIVE  
BRANDON, FL 33511 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 89505  
TAMPA, FL 33689

## New Mailing Address:

FEI Number: 01-0549318

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DEMARINIS, JILL C MS.  
2209 FLUORSHIRE DRIVE  
BRANDON, FL 33511 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: DEMARINIS, JILL  
Address: 2209 FLUORSHIRE DRIVE  
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete  
Name: ADAIR, JODI  
Address: 2209 FLOURSHIRE DRIVE  
City-St-Zip: BRANDON, FL 33511

Title: P ( ) Delete  
Name: PAGAN, DONNA  
Address: 3628 SALLY PARRISH TRAIL  
City-St-Zip: VALRICO, FL 33594

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Change (X) Addition  
Name: JARRARD, JACQUELINE  
Address: 2511 ARBORWOOD DR  
City-St-Zip: VALRICO, FL 33596

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE JARRARD

T

03/23/2009

Electronic Signature of Signing Officer or Director

Date