2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State
03-13-2006 90058 004 ***150.00

DOCUMENT # P00000011744

1. Entity Name
S.A.D.L.E.S., INC.

Principal Place of Business	Mailing Address
41025 THOMAS BOAT LANDING UMATILLA, FL 32784 US	37120 C R 452 GRAND ISLAND, FL 32735 US

03072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	41025 Thomas Boat Landing Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Umatilla
Zip / Country	Zip: 32784 / Country: US

4. FEI Number: 59-3626847 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, CHER
37120 CR 452
GRAND ISLAND, FL 32735

7. Name and Address of New Registered Agent

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: Cher Myers (Cher Myers) DATE: 3/7/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYERS, CHER 37120 CR 452 GRAND ISLAND, FL 32735	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MYERS, MICHAEL 37120 CR 452 GRAND ISLAND, FL 32735	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Cher Myers (Cher Myers) 3/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #