

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026530

Entity Name: SAPP BROTHERS, INC.

FILED  
Apr 08, 2008  
Secretary of State

## Current Principal Place of Business:

70 HARRISON RD  
LAKE PLACID, FL 33852

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1783  
LAKE PLACID, FL 33862

## New Mailing Address:

FEI Number: 65-0993263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAPP, KIMBERLY L  
401 DAL HALL BLVD.  
LAKE PLACID, FL 33852 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SAPP, GREGORY A  
Address: 158 HARRISON ROAD  
City-St-Zip: LAKE PLACID, FL 33852

Title: VP ( ) Delete  
Name: SAPP, DAREN B  
Address: 1748 SECOND STREET  
City-St-Zip: LAKE PLACID, FL 33852

Title: ST ( ) Delete  
Name: SAPP, KIMBERLY L  
Address: 158 HARRISON ROAD  
City-St-Zip: LAKE PLACID, FL 33852

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SAPP, GREGORY A  
Address: 226 JESSIE ROAD  
City-St-Zip: LAKE PLACID, FL 33852

Title: VP (X) Change ( ) Addition  
Name: SAPP, DAREN B  
Address: 1748 BUCK STREET  
City-St-Zip: LAKE PLACID, FL 33852

Title: ST (X) Change ( ) Addition  
Name: SAPP, KIMBERLY L  
Address: 226 JESSIE ROAD  
City-St-Zip: LAKE PLACID, FL 33852

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY L. SAPP

ST

04/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date