

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052514

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: PEGASYS SALES ASSOCIATES, INCORPORATED

## Current Principal Place of Business:

404 S. LAKEWOOD RUN DR.  
PONTE VEDRA BCH, FL 32082 US

## New Principal Place of Business:

695 A1A NORTH  
#125  
PONTE VEDRA BCH, FL 32082 US

## Current Mailing Address:

P.O.BOX 3559  
PONTE VEDRA BCH, FL 32004 US

## New Mailing Address:

FEI Number: 36-4373900      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOPCHAK, WILLIAM R  
404 S. LAKEWOOD RUN DR.  
PONTE VEDRA BCH, FL 32082 US

## Name and Address of New Registered Agent:

SOPCHAK, WILLIAM R  
695 A1A NORTH  
#125  
PONTE VEDRA BCH, FL 32082 US

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: WILLIAM R. SOPCHAK

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SOPCHAK, WILLIAM R  
Address: 404 S. LAKEWOOD RUN DR.  
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: D (X) Delete  
Name: SOPCHAK, LYNNE M  
Address: 404 S. LAKEWOOD RUN DR.  
City-St-Zip: PONTE VEDRA BCH, FL 32082

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SOPCHAK, WILLIAM R  
Address: 695 A1A NORTH #125  
City-St-Zip: PONTE VEDRA BCH, FL 32082

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

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: WILLIAM R. SOPCHAK

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date