2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 08:00 AM Secretary of State

DOCUMENT # P0000054827 1. Entity Name WILLIAM L. SAWDY, INC.				Secretary of State			
Principal Plac 1004 44TH A ELLENTON, F	AVE DRIVE EAST	Mailing Address 1004 44TH AVE DRIVE EAST ELLENTON, FL 34222			·		
	O NOT WRITE	IN THIS SDA	CE	01282005	No Chg-P	CR2E0	84 (10/03)
	O NO! WAIL	IN THIS SEA	I	4. FEI Numb			Applied For Not Applicable
					of Status Desired		\$8.75 Additional see Required
	6. Name and Address of Current Reg	istered Agent					· · · · · · · · · · · · · · · · · · ·
SAWDY, WILLIAM L 1004 44TH AVE DRIVE EAST ELLENTON, FL 34222			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the lons of registered agent.			<u>-</u>	th, in the State of Flo		amillar with, and accep
	Signature, typed or printed name of registered agent and t	itie if applicable (NOTE: Registere	ed Agent signature required	i when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			_ ~	.00 May Be led to Fees			
10.	OFFICERS AND DIF	ECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	D SAWDY, WILLIAM L 1004 44TH AVE DRIVE EAST ELLENTON, FL 34222				U000003 04/13/05-6	301541 30037-0	06 150.00
TITLE NAME							

DO NOT WRITE IN THIS SPACE

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 it 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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4-8-05

941 725-1363 Daytime Phone #