2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 04, 2005 08:00 AM DOCUMENT # P01000026977 **Secretary of State** 1. Entity Name SAP DEVELOPMENT I, INC. Mailing Address Principal Place of Business 722 SHAMROCK BOULEVARD VENICE FL 34293 722 SHAMROCK BOULEVARD VENICE FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 65-1097344 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEIDER, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SARASOTA FL 34236 Zip Code City FL 3. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change | ☐ Addition TITLE n ☐ Delete TITLE CONNELLY, JAMES A NAME NAME U00000251008 03/04/05-80034-007 150.00 STREET ADDRESS 722 SHAMROCK BLVD STREET ADDRESS VENICE FL 34293 CITY-SI-ZIP CITY - ST - ZIP THE Change Addition TITLE Delete NAME BRADY, RICHARD W STREET ADDRESS STREET ADDRESS 722 SHAMROCK BLVD CITY-ST-ZIP VENICE FL 34293 CHTY-ST-ZIP ☐ Addition BITLE Change TITLE ☐ Delete NAME LATTMANN, STEPHEN E NAME STREET ADDRESS STREET ADDRESS 722 SHAMROCK BLVD CITY-ST-ZIP CITY-ST-71P VENICE FL 34293 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 9.07(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 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

FILED

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAND OF SIGNING OFFICER OR DIRECTOR Date Dayme Phone 4

changed, or on an attachment with an address, with all other like empowered.