2004 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P01000033444** 1. Entity Name

FILED Feb 25, 2004 8:00 am Secretary of State 02-25-2004 90050 029 ***150.00

Seminole, FL	SAPPHIRE	E BRANDON, INC.								
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HARRINGTON, PAUL JR. 12052 100TH AVENUE NORTH SEMINOLE, FL 33772 8. The above named entity submits this statement for the purpose of changing lits registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, hybrid or printed name of registered agent agent and bills of applicable. NOTE: Registered Agent signature required when reinstating) PATE January 31, 200 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. TITLE HARRINGTON, PAUL HARRINGTON, PAUL HARRINGTON, PAUL SIERET ADDRESS CITY-ST-2PP TITLE VSD HARRINGTON, LUCILLE SIERET ADDRESS CITY-ST-2PP Delete TITLE NAME SIERET ADDRESS CITY-ST-2PP SEMINOLE, FL 33772 Change THE NAME SIERET ADDRESS CITY-ST-2PP SEMINOLE, FL 33772 Change TITLE NAME SIERET ADDRESS CITY-ST-2PP SEMINOLE, FL 33772 Change TITLE NAME SIERET ADDRESS CITY-ST-2PP SEMINOLE, FL 33772 Change TITLE NAME SIERET ADDRESS CITY-ST-2PP SEMINOLE, FL 33772 Change TITLE SEMINOLE, FL 33772		6 Name and Aridress of Current		USA		7. Name and	Address of Ne	~		
Street Address (P.O. Box Number is Not Acceptable) 12052 100TH AVENUE NORTH SEMINOLE, FL 33772 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 the obligations of registered agent. Signature Sig	ÜABBINOT		registered Agent	Name Lucil				3	<u></u>	
Signature. Signature by submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. Signature by each of printed name of registered agent and little of applicable. Signature by each of printed name of registered agent and little of applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 31, 200 After May 1, 2004 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. TITLE PTD NAME HARRINGTON, PAUL STREET ADDRESS CITY-ST-ZIP NAME HARRINGTON, LUCILLE NAME HARRINGTON, LUCILLE NAME HARRINGTON, LUCILLE STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 TITLE NAME HARRINGTON, LUCILLE STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 TITLE NAME HARRINGTON, LUCILLE STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 TITLE NAME HARRINGTON, LUCILLE STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 TITLE NAME STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 TITLE NAME STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 TITLE NAME STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 TITLE SEMINOLE, FL 33772 TITLE STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 TITLE STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 TITLE STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 TITLE SEMINOLE SEMINOLE, FL 33772 TITLE SEMINOLE, FL 33772 TITLE SEMINOLE,	12052 1007	TH AVENUE NORTH		Street Ad	idress (P.	O. Bax Numbe	er is Not Accept			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. Signature. byed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstaling) PILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME HARRINGTON, PAUL STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 TITLE VSD Delete TITLE NAME HARRINGTON, LUCILLE SIRRET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME SIRRET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 CITY-ST-ZIP SEMINOLE, FL 33772 CONTRIBUTION TITLE NAME STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 CONTRIBUTION TITLE NAME STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 CONTRIBUTION TITLE NAME STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 CONTRIBUTION TO DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 CONTRIBUTION TO DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 CONTRIBUTION TO DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 CONTRIBUTION TO DELET TITLE NAME STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 CONTRIBUTION TO DELET TO	SEMINOLE	:, FL 33772				VULL AV	CT101C 140T			<u>,</u>
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Lucille	S. Harrington January 31, 2004	(7 <u>2</u> 7) 398-4 <u>116</u>
SIGNATURE AND TIPED OF PRIVIEW RANGE OF BIGHING OF TIPER OF BINICOTOR			