

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000015020**  
 1. Entity Name  
**SAGA I INC.**



Principal Place of Business  
**1006 BECK AVE.  
 PANAMA CITY, FL 32401**

Mailing Address  
**1006 BECK AVE.  
 PANAMA CITY, FL 32401**

**DO NOT WRITE IN THIS SPACE**



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**01-0551759**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FEHRENBACH, ROBERTA A  
 1006 BECK AVE.  
 PANAMA CITY, FL 32401**

**DO NOT WRITE IN THIS SPACE**

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 accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000719939  
 05/01/07-80085-006 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FEHRENBACH, ROBERTA A
STREET ADDRESS	3803 W. 16TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	VP
NAME	KIDD, MARTON A
STREET ADDRESS	729 BRANDEIS AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	S
NAME	BRUHMULLER, ELIZABETH A
STREET ADDRESS	2159 BRIARWOOD LR
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	KIDD, KATHRYN
STREET ADDRESS	729 BRANDEIS AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	T
NAME	MAPELSDEN, ELLEN D
STREET ADDRESS	3803 W. 16TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	BRUHMULLER, WILLIAM N
STREET ADDRESS	2159 BRIARWOOD CR
CITY-ST-ZIP	PANAMA CITY, FL 32405

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ellen Mapelsden DATE: 04/18/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #