## **2004 FOR PROFIT CORPORATION**

## FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90387 019 \*\*\*150.00

## **ANNUAL REPORT**

Principal Place of Business	DOCUMENT # P02000082564  1. Entity Name SAGE ISLAND MANAGEMENT INC.							05-03-2004 90387 019 ***150.00				
Sulfo, Apt. 4, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  S. Countriev  S. ACE. JAMES W  Name  T. Name and Address of New Registered Agent  Fine Required  Fine Registered Agent  The above name and entity submits the statement for the purpose of changing its registered agent, or both, in the State of Findia. I am familiar with, and account into the purpose of changing its registered agent, or both, in the State of Findia. I am familiar with, and account into the purpose of changing its registered agent, or both, in the State of Findia. I am familiar with, and account into the purpose of changing its registered agent, or both, in the State of Findia. I am familiar with, and account into the purpose of changing its registered agent or both, in the State of Findia. I am familiar with, and account into the purpose of changing its registered agent or both, in the State of Findia. I am familiar with, and account into the purpose of changing its registered agent or both, in the State of Findia. I am familiar with, and account into the purpose of changing its registered agent or both, in the State of Findia. I am familiar with, and account into the purpose of changing its registered agent or both, in the State of Findia. I am familiar with, and account into the purpose of Changing its registered agent or both, in the State of Findia. I am familiar with, and account into the purpose of	470 S.E. 29 TH DR. 470 S.E. 29 TH DR.							94077482				
City & State  Country  2p  Country  5. Conflictual of Status Desired  5. Name and Address of Current Registered Agent  7. Name and Address of Status Desired  5. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  City FL 2p Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.  City FL 2p Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.  Signature  6. State Part State S	2. Principal F	Place of Busin	ness									
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   St. 75 Additional Per Required   St. 75 Additional Per Rep Rep Regional Per Rep	Suite, Apt.	#, etc.		Suite, Apt.	#, etc.		03162004	Chg-P	CR2E0	34 (10/03)		
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STORY Address (P.O. Box Number is Not Acceptable)    City		6. Name	and Address of Curren	t Registered Age	nt	Name	7. Name an	d Address of New	Registered A	gent		
8. The above named entity submits this statement for the purpose of changing its registered algorit, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	470 S.E. 2	9TH DR.	33033									
THE NOWITE FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE DIR SAGE, JAMES W JR.   Debte   MILE SAGE, JAMES W JR.   SIRRET ADDRESS   MAKE SIRRET ADDRESS   MAKE STREET A		٤				City			FL	Zip Code	е	
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