


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90462 023 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT P03000001739			
1. Entity Name SAGERSER ENTERPRISES, INC.			
Principal Place of Business 609 S. GLENN AVE. UNIT B TAMPA, FL 33609		Mailing Address 16528 N DALE MABRY HWY TAMPA, FL 33618	
2. Principal Place of Business <i>4602 W. North B Street</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>Unit D</i>		Suite, Apt. #, etc.	
City & State <i>Tampa, FL</i>		City & State	
Zip <i>33609</i>		Country <i>US</i>	
4. FEI Number 36-4517940		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, WALTER 16528 N DALE MABRY HWY TAMPA, FL 33618		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 <i>Walter Sanders</i>		SIGNATURE <i>Walter Sanders</i>	
Signature, typed or printed name of registered agent and title of registered agent.		Signature, typed or printed name of registered agent and title of registered agent.	
DATE <i>4/12/06</i>		DATE	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SAGERSER, WALLACE 609 S. GLENN AVE. TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Sagerson, Wallace <i>4602 W. North B Street Unit D</i> Tampa, Florida 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Wallace Sagerson</i>		SIGNATURE <i>Wallace Sagerson</i>	
Signature and typed or printed name of signing officer or director		Signature and typed or printed name of signing officer or director	
Date		Date	

60032178



01122008 Chg-P CR2E034 (11/05)

FL

Zip Code

4/12/06

DATE

\$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PSTD
Sagerson, Wallace
4602 W. North B Street Unit D
Tampa, Florida 33609 Change Addition

813-340-7616

SIGNATURE *Wallace Sagerson* - WALLACE SAGERSON *4/26/06*