

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90045 019 ***150.00

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DOCUMENT # P03000001912 1. Entity Name SAGE MUSINGS, INC.			
Principal Place of Business 89 CEDAR ISLAND ROAD PERRY, FL 32348		Mailing Address 89 CEDAR ISLAND ROAD PERRY, FL 32348	
2. Principal Place of Business 21205 Keaton Beach Drive		3. Mailing Address 21205 Keaton Beach Rd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Perry, FL		City & State Perry, FL	
Zip 32348		Zip 32348	
Country USA		Country 	
4. FEI Number 030503024		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FREEDMAN & MCCLOSKEY, P.A. ONE EAST BROWARD BLVD SUITE 700 FT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Debbie Mason Street Address (P.O. Box Number is Not Acceptable) 21205 Keaton Beach Drive City Perry FL Zip Code 32348	
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 Debbie Mason <small>Signature, typed or printed name of registered agent and title if applicable</small>			
(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> Just Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DPS MASON, DEBBIE 89 CEDAR ISLAND ROAD PERRY, FL 32348	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 807, 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: Debbie Mason, DEBBIE MASON, President 4.12.04 850.578.2119 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date Daytime Phone #</small>			