


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000009841</b>	
1. Entity Name SAGO ISLAND, INC.	
	
Principal Place of Business 515 EAST BEACH DRIVE PANAMA CITY, FL 32401	Mailing Address 515 EAST BEACH DRIVE PANAMA CITY, FL 32401

**DO NOT WRITE IN THIS SPACE**



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1170548	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BLUE, ROB JR.  
221 MCKENZIE AVENUE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

1000000889615

04/22/08-80062-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, RODDIE F 515 EAST BEACH DRIVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, PAULA A 7510 LINDA LN PANAMA CITY, FL 32404
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**

*Roddie Bailey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #