


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90030 026 ***150.00

DOCUMENT # P03000014426					
1. Entity Name SAILFISH TITLE, INC.					
Principal Place of Business 921 SE CENTRAL PARKWAY STUART, FL 34994			Mailing Address 921 SE CENTRAL PARKWAY STUART, FL 34994		
2. Principal Place of Business 9417 SE Central Parkway Suite, Apt. #, etc.		3. Mailing Address 921 SE Central Parkway Suite, Apt. #, etc.			
City & State Stuart, Florida		City & State Stuart, Florida		4. FEI Number 90-0152019	
Zip 34994		Country MARIN		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SORENSON, MAURA 921 SE CENTRAL PARKWAY STUART, FL 34994			7. Name and Address of New Registered Agent Name: SCOTT, PORTIA Street Address (P.O. Box Number is Not Acceptable): 921 SE Central Parkway City: STUART FL Zip Code: 34994		
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>Portia B. Scott</i> DATE: 03-22-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust 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	D SCOTT, PORTIA B 308 DYER DRIVE STUART, FL 34994		<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"/> Change <input type="checkbox"/> Addition		
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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"/> Change <input type="checkbox"/> Addition		
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 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>Portia B. Scott</i>			Date: 3-22-04 Days/Phone #: (772) 287-0096		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					