

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024238

Entity Name: SAREY, INC.

FILED  
Aug 27, 2004  
Secretary of State

## Current Principal Place of Business:

4441 E RIVERSIDE DR  
FT MYERS, FL 33905

## New Principal Place of Business:

659 RIVERVIEW TRACE COURT  
FT MYERS, FL 33916

## Current Mailing Address:

4441 E RIVERSIDE DR  
FT MYERS, FL 33905

## New Mailing Address:

659 RIVERVIEW TRACE COURT  
FT MYERS, FL 33916

FEI Number: 27-0052088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REYNOLDS, SARA C  
4441 E RIVERSIDE DR  
FT MYERS, FL 33905

## Name and Address of New Registered Agent:

REYNOLDS, SARA C  
659 RIVERVIEW TRACE COURT  
FT MYERS, FL 33916

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.

SIGNATURE: SARA C. REYNOLDS

08/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: REYNOLDS, RICHARD G  
Address: 4441 E RIVERSIDE DR  
City-St-Zip: FT MYERS, FL 33905

Title: STD ( ) Delete  
Name: REYNOLDS, SARA C  
Address: 4441 E RIVERSIDE DR  
City-St-Zip: FT MYERS, FL 33905

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: REYNOLDS, RICHARD G  
Address: 659 RIVERVIEW TRACE COURT  
City-St-Zip: FT MYERS, FL 33916

Title: STD (X) Change ( ) Addition  
Name: REYNOLDS, SARA C  
Address: 659 RIVERVIEW TRACE COURT  
City-St-Zip: FT MYERS, FL 33916

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA C. REYNOLDS

STD

08/27/2004

Electronic Signature of Signing Officer or Director

Date