

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90125 034 \*\*\*150.00

**DOCUMENT # P03000091507**

**1. Entity Name**  
**4591 SAILMAKER INVESTMENT COMPANY**



**Principal Place of Business**  
**4589 4593 SAILMAKER LANE**  
**DESTIN, FL 32541**

**Mailing Address**  
**4589 4593 SAILMAKER LANE**  
**DESTIN, FL 32541**

**DO NOT WRITE IN THIS SPACE**



04042005 No Chg-P CR2E034 (10/03)

**4. FEI Number**  
**20-0164349**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

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

**HAWKINS, JOHN W ESQ.**  
**MATTHEWS & HAWKINS, P.A.**  
**4475 LEGENDARY DRIVE**  
**DESTIN, FL 32541**

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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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**DPST**  
**LORENZEN, DWIGHT**  
**4593 SAILMAKER LANE**  
**DESTIN, FL 32541**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Dwight C. Lorenzen*

4-5-05 (50) 865-6800