

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90050 001 ***150.00

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1. Entity Name

SANGRE BIOLOGICALS, INC.

Principal Place of Business

**403 RIDGEWOOD CIR
DESTIN FL 32541**

Mailing Address

**P O BOX 5770
DESTIN FL 32540**

2. Principal Place of Business

449 Shore Drive
Suite, Apt. #, etc.

3. Mailing Address

PO Box 5770
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Miramar Beach FL

City & State

Destin FL

4. FEI Number

48-1105765

Applied For

Not Applicable

Zip

32550

Country

Zip

32541

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MYLER, RITA
403 RIDGEWOOD CIR
DESTIN FL 32541**

**449 Shore Drive
Miramar Beach FL
32550**

7. Name and Address of New Registered Agent

Name

Same RITA MYLER

Street Address (P.O. Box Number is Not Acceptable)

449 Shore Drive

City

Miramar Beach

FL

Zip Code

32550

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

Rita M Myler

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/30/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MYLER, RITA M	
STREET ADDRESS	403 RIDGEWOOD CIR	Change address only
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	President	<input type="checkbox"/> Delete
NAME	MYLER, RITA M	
STREET ADDRESS	449 Shore Drive	
CITY-ST-ZIP	Miramar Beach FL 32550	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYLER, RITA M	
STREET ADDRESS	449 Shore Drive	
CITY-ST-ZIP	Miramar Beach FL 32550	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Rita M Myler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RITAM MYLER

Date

1/29/04

850-650-5944

Daytime Phone #