2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004
Secretary of State

DOCUMENT# P03000100019

Entity Name: SAG HARBOR, INC.

Current Principal Place of Business:

7340 NW U.S. HWY 27
SUITE 212
OCALA, FL 34431

New Principal Place of Business:

7340 NW U.S. HWY 27
SUITE 212
OCALA, FL 34431 US

Current Mailing Address:

7340 NW U.S. HWY 27
SUITE 212
OCALA, FL 34431

New Mailing Address:

7340 NW U.S. HWY 27
SUITE 212
OCALA, FL 34431 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHATT, JAMES T
7 E. SILVER SPRINGS BLVD.
SUITE 204
OCALA, FL 34470

Name and Address of New Registered Agent:

SCHATT, JAMES T
7 E. SILVER SPRINGS BLVD.
SUITE 204
OCALA, FL 34470 US

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: 01/16/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WARRINER, THOMAS L
Address: 4615 NW 110TH AVENUE
City-St-Zip: OCALA, FL 34482

Title: V ( ) Delete
Name: SCHATT, JAMES H
Address: 950 SW 43RD PLACE
City-St-Zip: OCALA, FL 34474

Title: S ( ) Delete
Name: SCHATT, REBECCA B
Address: 950 SW 43RD PLACE
City-St-Zip: OCALA, FL 34474

Title: T ( ) Delete
Name: WARRINER, SUSAN J
Address: 4615 NW 110TH AVENUE
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SUSAN J WARRINER T 01/16/2004
Electronic Signature of Signing Officer or Director — Date