

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90097 046 \*\*\*150.00

**DOCUMENT # P03000101687**

1. Entity Name

**SAGAMO CONSTRUCTION CORPORATION**



Principal Place of Business  
**3195 SE LIONEL TERRACE  
STUART, FL 34997**

Mailing Address  
**3195 SE LIONEL TERRACE  
STUART, FL 34997**

**DO NOT WRITE IN THIS SPACE**



02222007 No Chg-P CR2E034 (11/05)

4. FEI Number

**20-0225586**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**WHITE, RONALD E  
3195 SE LIONEL TERRACE  
STUART, FL 34997**

**DO NOT WRITE  
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WHITE, RONALD E
STREET ADDRESS	3195 SE LIONEL TERRACE
CITY-ST-ZIP	STUART, FL 34997
TITLE	T,S
NAME	KATZ, LAWRENCE M
STREET ADDRESS	3195 SE LIONEL TERRACE
CITY-ST-ZIP	STUART, FL 34997
TITLE	VP
NAME	PERRY, MARK
STREET ADDRESS	3195 SE LIONEL TERRACE
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	WHITE, RONALD E
STREET ADDRESS	3195 SE LIONEL TERRACE
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	KATZ, LAWRENCE M
STREET ADDRESS	3195 SE LIONEL TERRACE
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	PERRY, MARK
STREET ADDRESS	3195 SE LIONEL TERRACE
CITY-ST-ZIP	STUART, FL 34997

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

*Lawrence M. Katz, T.S.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3/29/07*  
Daytime Phone # *772-219-3245*