

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90007 030 \*\*\*150.00

**DOCUMENT # P03000106675**

1. Entity Name  
**SAIL FORTH PRODUCTIONS, INC.**



Principal Place of Business  
**704 E. ALPINE STREET  
ALTAMONTE SPRINGS, FL 32701**

Mailing Address  
**704 E. ALPINE STREET  
ALTAMONTE SPRINGS, FL 32701**

**94045721**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DRAVES, DONNA L ESQ.  
120 E. CONCORD STREET  
ORLANDO, FL 32801**

Name

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

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **IBAUGH, ALLEN W**  
CITY-ST-ZIP **13063 ROYAL FERN DRIVE  
ORLANDO, FL 32828**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **IBAUGH, JAMES**  
CITY-ST-ZIP **8735 CORKWOOD DRIVE  
INDIANAPOLIS SPRINGS, FL 32701**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **Indianapolis IN 46227**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DAVIS, PHILIP C**  
CITY-ST-ZIP **704 E. ALPINE STREET  
ALTAMONTE SPRINGS, FL 32701**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **LISKEY, STEPHANIE S**  
CITY-ST-ZIP **103 S. OSCEOLA AVE. APT. 3  
ORLANDO, FL 32801**

TITLE ☒ Change ☐ Addition  
NAME **Stephanie S Liskey**  
STREET ADDRESS **11460 Brown Quail CT**  
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **AMADORI, JASON A**  
CITY-ST-ZIP **6437 CRESTMONT GLEN LANE  
WINDERMERE, FL 34786**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-5-04 407-701-4252**