


FILED
Sep 17, 2004 8:00 am
Secretary of State

24085494

DOCUMENT # P04000000160		09-17-2004 90003 008 ***550.00	
1. Entity Name THE SADDLER OF TAMPA, INC.			
Principal Place of Business 9340 56TH ST. NORTH TAMPA, FL 33617		Mailing Address 9340 56TH ST. NORTH TAMPA, FL 33617	
2. Principal Place of Business 9340 N. 56th St. Suite, Apt. #, etc. Suite C City & State Tampa, FL Zip 33617 Country USA		3. Mailing Address 9340 N. 56th St. Suite, Apt. #, etc. Suite C City & State Tampa, FL Zip 33617 Country USA	
6. Name and Address of Current Registered Agent BOOKER, KIM C 170 BLOXHAM AVE. ORANGE CITY, FL 32763		7. Name and Address of New Registered Agent Name Kristina Derstine Street Address (P.O. Box Number is Not Acceptable) 9340 N. 56th St. Suite C City Tampa, FL Zip Code 33617	
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: <i>Kristina Derstine</i> DATE: 9-14-04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DERSTINE, KRISTINA 9340 56TH ST. NORTH TAMPA, FL 33617 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Kristina Derstine</i> 9-14-04 (813) 985-0282 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



Attachment 24085494
#P04000000160
The Saddler of Tampa, Inc.

9340 N. 56th St., Suite C
Ph: (813)985-0282
www.saddlertampa.com

Tampa, FL 33617
Fax: (813)980-0668
info@saddlertampa.com

September 14, 2004

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Re: 2004 for Profit - Notice

The Saddler of Tampa, Inc.
9340 N. 56th St., Suite C
Tampa, FL 33617

To Whom It May Concern:

This letter is to notify you that we did not receive notice of the annual report being due May 1, and would like to be waived of the \$400 late fee. Furthermore, this is the first day I, Kristina Derstine (President of the Company), have been back in the office for two weeks. I have made this report first priority and would appreciate any leniency you could allow.

Sincerely,

Kristina Derstine
President