


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000006315</b>	
1. Entity Name SAYLOR, INC.	

Principal Place of Business 5360 WILLIAMS DRIVE FORT MYERS BEACH, FL 33931	Mailing Address 5360 WILLIAMS DRIVE FORT MYERS BEACH, FL 33931
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**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1690892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLCYN, PHYLLIS  
5360 WILLIAMS DRIVE  
FORT MYERS BEACH, FL 33931

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) 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 NAME STREET ADDRESS CITY-ST-ZIP	D POLCYN, PHYLLIS 5360 WILLIAMS DRIVE FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POLCYN, TERRENCE J 5360 WILLIAMS DRIVE FT. MYERS BEACH, FL 33931
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U00000689630  
04/11/07-80043-014 150.00

**DO NOT WRITE 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:** Phyllis Polcyn 4/2/07 239-463-0905  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #