


FILED
Apr 14, 2005 8:00 am
Secretary of State

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03-16-2005 90039 005 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000012073 1. Entity Name SACAGAWEA, INC.			
Principal Place of Business 4903 SANDCASTLE CIR ST AUGUSTINE, FL 32084		Mailing Address 4903 SANDCASTLE CIR ST AUGUSTINE, FL 32084	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent INTERNOSCIA, DAVID 3149 PONCE DE LEON BLVD UNIT 7 ST AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	DPVS HENRY, DENISE 4903 SANDCASTLE CIR ST AUGUSTINE, FL 32084	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENRY, DENISE 4903 SANDCASTLE CIR ST AUGUSTINE, FL 32084	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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>Denise Henry</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR</small>		Date: 3/14/05	Daytime Phone #: 904 501-1086

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03142005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0571559** Applied For Not Applicable

8. Certificate of Status Desired **\$8.75 Additional Fee Required**