

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000028748

1. Entity Name  
SARGENT AND SARGENT INC



Principal Place of Business  
9 ANDOVER DR  
PALM COAST, FL 32137 US

Mailing Address  
9 ANDOVER DR  
PALM COAST, FL 32137 US

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**



03182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0728131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

FRANK, SARGENT ALLEN  
9 ANDOVER DR  
PALM COAST, FL 32137

**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	FRANK, SARGENT ALLEN
STREET ADDRESS	9 ANDOVER DR
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	VP
NAME	CHERYL, SARGENT A
STREET ADDRESS	9 ANDOVER DR
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000705069  
04/23/07-80036-013 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK A SARGENT 4-10-07 386-445-9534

Date

Daytime Phone #