

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000057067

Entity Name: SAGE N. ANDRESS, P.A.

FILED
Jan 23, 2007
Secretary of State

Current Principal Place of Business:

5100 BURCHETTE DRIVE
1603
TAMPA, FL 33647 US

New Principal Place of Business:

4907 EBENSBURG DRIVE
TAMPA, FL 33647 US

Current Mailing Address:

5100 BURCHETTE DRIVE
1603
TAMPA, FL 33647 US

New Mailing Address:

4907 EBENSBURG DRIVE
TAMPA, FL 33647 US

FEI Number: 20-0965079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDRESS, SAGE N
5100 BURCHETTE DRIVE
1603
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

ANDRESS, SAGE N
4907 EBENSBURG DRIVE
TAMPA, FL 33647 US

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.

SIGNATURE: SAGE ANDRESS

01/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ANDRESS, SAGE N
Address: 5100 BURCHETTE DRIVE # 1603
City-St-Zip: TAMPA, FL 33647 US

Title: VP () Delete
Name: ANDRESS, SAGE N
Address: 5100 BURCHETTE DRIVE # 1603
City-St-Zip: TAMPA, FL 33647 US

Title: SEC (X) Delete
Name: ANDRESS, SAGE N
Address: 5100 BURCHETTE DRIVE # 1603
City-St-Zip: TAMPA, FL 33647 US

Title: TREA (X) Delete
Name: ANDRESS, SAGE N
Address: 5100 BURCHETTE DRIVE # 1603
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ANDRESS, SAGE N
Address: 4907 EBENSBURG DRIVE
City-St-Zip: TAMPA, FL 33647 US

Title: VP (X) Change () Addition
Name: ANDRESS, SAGE N
Address: 4907 EBENSBURG DRIVE
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAGE ANDRESS

PRES

01/23/2007

Electronic Signature of Signing Officer or Director

Date