

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90030 003 \*\*\*150.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # P04000083036</b><br>1. Entity Name<br><b>SAGE CONSTRUCTION MANAGEMENT, INC.</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>800 W CYPRESS CREEK RD STE 470<br/>STE 465<br/>FT LAUDERDALE, FL 33309</b>   |  |  | Mailing Address<br><b>800 W CYPRESS CREEK RD STE 470<br/>STE 465<br/>FT LAUDERDALE, FL 33309</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>800 W. CYPRESS CREEK RD.</b><br>Suite, Apt. #, etc.<br><b>SUITE 465</b><br>City & State<br><b>FT. LAUDERDALE, FL</b><br>Zip<br><b>33309</b>   |  | 3. Mailing Address<br><b>800 W. CYPRESS CREEK RD.</b><br>Suite, Apt. #, etc.<br><b>SUITE 465</b><br>City & State<br><b>FT. LAUDERDALE, FL</b><br>Zip<br><b>33309</b> |   | 4. FEI Number<br><b>27-0094141</b><br>Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  | 04302007 Chg-P CR2E034 (12/06)   |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LEGEL, LARRY<br/>800 W CYPRESS CREEK RD STE 470<br/>FT LAUDERDALE, FL 33309</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>CHONISKI, RONALD J</b><br><b>2037 BARBADOS AVE</b><br><b>FORT MYERS, FL 33905</b>           | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T</b><br><b>LEGEL, LARRY</b><br><b>800 W CYPRESS CREEK RD STE 470</b><br><b>FT LAUDERDALE, FL 33309</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>STERLACCI, JOSEPH</b><br><b>14130 DUKE WAY</b><br><b>ALVA, FL 33920</b>                     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>AS</b><br><b>STERLACCI, JOSEPH</b><br><b>14130 DUKE WAY</b><br><b>ALVA, FL 33920</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |  |  |   |   |  |
| <b>SIGNATURE: Larry Legel LARRY LEGEL Treas 5-1-7 954 4938900</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |  |  |   |   |  |