

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90034 025 ***558.75

DOCUMENT # P04000103780

1. Entity Name
SAWYER HOLDINGS, INC.



Principal Place of Business

5824 BEE RIDGE ROAD
152
SARASOTA, FL 34233 US

Mailing Address

5824 BEE RIDGE ROAD
152
SARASOTA, FL 34233 US

40130426



2. Principal Place of Business - No P.O. Box #

5824 Bee Ridge Road

Suite, Apt. #, etc.

179

City & State

Sarasota FL

Zip
34233

Country
US

3. Mailing Address

5824 Bee Ridge Road

Suite, Apt. #, etc.

179

City & State

Sarasota FL

Zip
34233

Country
US

05312007 Chg-P CR2E034 (12/06)

4. FEI Number

20-1386347

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAMS, LAURIE B ESQ
2815 PROCTOR ROAD
SARASOTA, FL 34231

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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

PTS
SAWYER, SARAH M
5824 BEE RIDGE RD PMB 152
SARASOTA, FL 34233

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

5824 Bee Ridge Rd PMB 179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

Sarah M. Sawyer P/T/S