


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000108563

1. Entity Name
SAWHORSE CONSTRUCTION INC.



Principal Place of Business Mailing Address

2651 ALANDARI LANE 2651 ALANDARI LANE
THE VILLAGES, FL 32162 US THE VILLAGES, FL 32162 US

DO NOT WRITE IN THIS SPACE



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-1396192 Not Applicable

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

6. Name and Address of Current Registered Agent

NOEL, WILLIAM D
2651 ALANDARI LANE
THE VILLAGES, FL 32162

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000933972
 05/23/08-80013-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D,P
NAME	PERON, CHRISTOPHER
STREET ADDRESS	128 WESTLAKE DRIVE S UNIT 501
CITY-ST-ZIP	LAKE LURE, NC 28746
TITLE	VP
NAME	NOEL, WILLIAM D
STREET ADDRESS	2651 ALANDARI LANE
CITY-ST-ZIP	THE VILLAGES, FL 32162
TITLE	S
NAME	NOEL, KAREN
STREET ADDRESS	2651 ALANDARI LANE
CITY-ST-ZIP	THE VILLAGES, FL 32162
TITLE	T
NAME	PERON, CURTIS
STREET ADDRESS	3152 SAINT JAMES
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 persons empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #