

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000119001

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** SAWGRASS MANAGEMENT, INC.

**Current Principal Place of Business:**

5303 EAST HIGHWAY 45  
FT. SMITH, AR 72913

**New Principal Place of Business:**

5303 EAST HIGHWAY 45  
FT. SMITH, AR 72916

**Current Mailing Address:**

P.O.BOX 3068  
FORT SMITH, AR 729133068

**New Mailing Address:**

**FEI Number:** 20-3418830      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CREEKMORE, S.W. III  
Address: 5303 EAST HIGHWAY 45  
City-St-Zip: FT. SMITH, AR 72916

Title: STD  
Name: CAMPBELL-ELLIS, CARLA  
Address: 5303 EAST HIGHWAY 45  
City-St-Zip: FT. SMITH, AR 72916

Title: AS  
Name: LEHR, S. RUTH  
Address: 6020 ELM AVENUE  
City-St-Zip: RAYTOWN, MO 64133

I hereby 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 all other like empowered.

SIGNATURE: S. RUTH LEHR

AS

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date