

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90008 023 ***158.75

DOCUMENT # P05000150357

1. Entity Name
SAWDY HOMES, INC.



Principal Place of Business
**6469 PLACID LAKES BLVD
LAKE PLACID, FL 33852**

Mailing Address
**6469 PLACID LAKES BLVD
LAKE PLACID, FL 33852**

2. Principal Place of Business

N/A

Suite, Apt. #, etc.

3. Mailing Address

N/A

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006

Chg-P

CR2E034 (11/05)

4. FEI Number

16-1739969

Applied For
Not Applicable

5. Certificate of Status Desired

B

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

**SAWDY, JO ANNE
6469 PLACID LAKES BLVD
LAKE PLACID, FL 33852**

7. Name and Address of New Registered Agent

Name

No Change

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
**DP
SAWDY, JO ANNE
6469 PLACID LAKES BLVD
LAKE PLACID, FL 33852**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
SAWDY, FRED M
6469 PLACID LAKES BLVD
LAKE PLACID, FL 33852**

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
No Change

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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: **Jo Anne Sawdy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 2006 (863) 699-1746
Date Daytime Phone #