


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90121 029 \*\*\*150.00

**DOCUMENT # P07000053878**


1. Entity Name  
**SAN ANTONIO & SAINT ANN, INC.**



Principal Place of Business      Mailing Address  
**1506 OLIVE AVENUE S**      **1506 OLIVE AVENUE S**  
**LEHIGH ACRES, FL 33971 US**      **LEHIGH ACRES, FL 33971 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



08042008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-8978971**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BAPTISTE, JEAN W**  
**1506 OLIVE AVENUE S**  
**LEHIGH ACRES, FL 33971**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | P                             | <input type="checkbox"/> Delete |
| NAME           | <b>BAPTISTE, JEAN W</b>       |                                 |
| STREET ADDRESS | <b>1506 OLIVE AVENUE S</b>    |                                 |
| CITY-ST-ZIP    | <b>LEHIGH ACRES, FL 33971</b> |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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:** *Jean W. Baptiste*      **Jean W. Baptiste**      **239-332-8198**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date **8-8-08** Daytime Phone #

ATTACHMENT

40113122

San Antonio & Saint Ann, Inc.  
1506 Olive Avenue S  
Lehigh Acres, Florida 33976  
(239) 332-8198

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

August 5, 2008

RE: 2008 Uniform Business Report  
Doc # P07000053878

Dear Sir or Madam:

Please abate the late filing penalty for our corporation, we did not receive the first notice, due to a problem with our local post office.

Thank you for your consideration in this matter.

Sincerely,

*Jean-W. Baptiste*

Jean W. Baptiste, President