


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P11496</b>	
1. Entity Name <b>SAKRICH HOLDING CORP.</b>	

Principal Place of Business <b>173 NW BENFORD GLN. WHITE SPRINGS, FL 32096 US</b>	Mailing Address <b>173 NW BENFORD GLN. WHITE SPRINGS, FL 32096 US</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>11-2310869</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**SAKARIS, GEORGE  
173 NW BENFORD GLN.  
WHITE SPRINGS, FL 32096**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SAKARIS, GEORGE 173 NW BENFORD GLN WHITE SPRINGS, FL 32096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARKE, BETTE 9855 SW 62ND TERRACE, CHERRYWOOD ESTATES OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OELLRICH, SUSAN 173 NW BENFORD GLN. WHITE SPRINGS, FL 32096
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03/14/07-80008-018 150.00

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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:** George Sakaris **GEORGE SAKARIS** 03-02-2007 386-397-2515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #