


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P16317 1. Entity Name SAHLMAN HOLDING COMPANY, INC.	
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Principal Place of Business 1601 SAHLMAN DRIVE TAMPA, FL 33605	Mailing Address 1601 SAHLMAN DRIVE TAMPA, FL 33605
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2833866	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAHLMAN, C. W. 1601 SAHLMAN DRIVE TAMPA, FL 33605
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAHLMAN, CHARLES W. 1601 SAHLMAN DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WIESEN, H.J. 1601 SAHLMAN DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAHLMAN, WILLIAM A. HARVARD BUS.SCH.BAKER436 BOSTON, MA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIAMS, MARCHANT A 1601 SAHLMAN DRIVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACOBI, C MICHAEL 358 TRANQUILLITY RD MIDDLEBURY, CT 06762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSENTHAL, AMIR 765 STRAITS TURNPIKE MIDDLEBURY, CT 06732

**DO NOT WRITE
IN THIS SPACE**

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04/16/05-80004-011 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>H.J. WIESEN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-12-05</u> <small>Date</small>	<u>813-248-5726 EXT 237</u> <small>Daytime Phone #</small>
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