2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

	ANNUAL	REPORT (AF	R)	_ FILE	D	
DOCUMENT # P17192 1. Entity Name SADEAL INC.		•		Jan 31, 2005 Secretary	08:00 AM	
<u></u>						
Principal Place of Business Mailing Address					+	
10236 ATLANTIC BLVD. 10236 ATLANTIC BI JACKSONVILLE FL 32225 JACKSONVILLE FL						
US) E indirimine evan etnike franke irona energya etnik milati dilati a	INIC MONE MONICE RENGINAL DE CAME	
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt, #, etc.		1st MOORE CR2E034 (10/04)		
City & State		City & State		4. FEI Number 59-2856902	Applied For	
Zip	Country	Zip	Country		Not Applicable \$8.75 Additional	
				5. Certificate of Status Desired	Fee Required	
	6. Name and Address of Curre	nt Registered Agent	- Name	7. Name and Address of New Registered A	igent	
MARTZ, NORMAN, J				Street Address (P.O. Box Number is Not Acceptable)		
	236 ÁTLANTIC BLVD CKSONVILLE FL 32225		Ober Adires	(<u> </u>	
<u> </u>			City	F-1	Zip Code	
8. The abov	e named entity submits this statement	for the number of changing it		FL ered agent, or both, in the State of Florida. I am f		
	ations of registered agent.	, iso pare so or		or a sound in the sound of the	armar man, and dovopt	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NO	TE Registered Agent signature requir	red when reinstating) DATE	,	
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2005 Fee Will Be \$550. ck Payable to Florida Department			9. Election Campaign Financi Trust Fund Contribution.	ng \$5.00 May Be Added to Fees	
10.		ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE	PD	Delete	HIFE		☐ Change ☐ Addition	
NAME STREET ADDRESS	MARTZ, NORMAN 3154 BROOKS RD.		NAME STREET ADDRESS			
CITY 51-ZIP	ORANGE PARK FL	<u></u>	CITY-ST-ZIP			
TITLE NAME	STD MARTZ, DIANE	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
1	3154 BROOKS RD.		STREET ADDRESS	<u>"</u> <u>"</u> <u>"</u> <u>"</u> <u>"</u> <u>"</u>	Γ «>==,000, αν.α.	
CITY ST-ZIP	ORANGE PARK FL		CITY-ST-ZIP	01/31/05-80015-014	150.00	
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STRLET ADDRESS			
CITY ST-ZIP			CiTY-ST-ZiP	<u> </u>		
TITLE NAME		☐ Delete	TITLE NAME		Change Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
NAME		☐ Dalete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY+ST+ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITCF NAME		☐ Change ☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby indicate of the co	certify that the information supplied w d on this report or supplemental repor opporation or the receiver or trustee en	ith this filing does not qualify for t is true and accurate and that apowered to execute this repor	or the exemption stated in S my signature shall have the t as required by Chapter 60	Section 119.07(3)(i), Fiorida Statutes 1 further cert e same legal effect as if made under oath; that I a 07, Florida Statutes; and that my name appears in	ify that the information m an officer or director Block 10 or Block 11 if	
change	d, or on an attachment with an address	s, with all other like empowered	i.		· · ·	

Morte Norman J. Martz 1-28-05 904725-1172

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayloro Phone #