2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000053880

SAPPHIRE BUILDERS, INC.



Principal Place of Business

618 NW 60TH ST

STE A

GAINESVILLE, FL 32607

Mailing Address

618 NW 60TH ST

STE A

DO NOT WRITE IN THIS SPACE

GAINESVILLE, FL 32607

US

FILED Apr 15, 2004 8:00 am Secretary of State

04-15-2004 90015 028 ***150.00

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No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3198630

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

JOHNSON, CARL L 4421 NW 39TH AVE 1-2 SUITE B-3 GAINESVILLE, FL 32606

DO NOT WRITE IN THIS SPACE

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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 Fiorida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Sonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Heg	istered Agent signal	ure required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		4, * , * .	An array of the second of the
TITLE	P				
NAME	PUGH, MERRILL				
STREET ADDRESS	618 NW 60TH ST STE A		,		
CITY-ST-ZIP	GAINESVILLE, FL 32607				
TITLE	VP				
NAME	CLAYTON, MICHAEL W		ŀ		
STREET ADDRESS CITY-ST-ZIP	618 NW 60TH ST STE A GAINESVILLE, FL 32607		24		
	VP				
TITLE NAME	KENNEY, MICHAEL		ľ		
STREET ADDRESS	618 NW 60TH ST STE A			50	
CITY-ST-ZIP	GAINESVILLE, FL 32607			DQ	NOT WRITE
TITLE				· INI	THIS SPACE
NAME				114	IIIIO OFACE
STREET ADDRESS				*	
CITY-ST-ZIP				**	
TITLE					
NAME					
STREET ADDRESS				· .	
CITY-ST-ZIP					
T/TI F			-		

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

NAME STREET ADDRESS CITY-ST-ZIP