

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90081 035 ***150.00

DOCUMENT # P93000053880

1. Entity Name
SAPPHIRE BUILDERS, INC.



Principal Place of Business
**100 SW 75TH STREET, STE 205
GAINESVILLE, FL 32607 US**

Mailing Address
**100 SW 75TH STREET, STE 205
GAINESVILLE, FL 32607 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3198630

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Merrill Pugh**
Street Address (P.O. Box Number is Not Acceptable)
100 SW 75th Street
Suite 205
City **Gainesville** **FL** Zip Code **32607**

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

[Signature]

Merrill Pugh

4/3/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PUGH, MERRILL	
STREET ADDRESS	100 SW 75TH ST, STE 205	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLAYTON, MICHAEL W	
STREET ADDRESS	100 SW 75TH ST, STE 205	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KENNEY, MICHAEL	
STREET ADDRESS	618 NW 60TH ST STE A	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
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		
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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:

[Signature] **Merrill Pugh**

4/3/06

352-331-3343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #