2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000053880

Entity Name

SAPPHIRE BUILDERS, INC.



FILED Apr 21, 2008 · 08:00 Al Secretary of State

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



DO NOT WRITE IN THIS SPACE

03202008 No Chg-P CR2E034 (11/05)

Applied For Not Applicable

59-3198630

5. Certificate of Status Desired

4. FEI Number

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUGH, MERRILL 100 SW 75TH ST SUITE 205 GAINESVILLE, FL 32607 DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p ions of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Flori	da. I am familiar	with, and accept
SIGNATURE Signature, typed or printed name of registered agent and little II applicable. (NOTE			d Agent signature	required when reinstating)	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ny 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	900000 95/07/08-	910699 80011-001	150.00
10.	OFFICERS AND DIREC	CTORS		The second of the second	The "LAKE"	THE COURT	17. 12. 18
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUGH, MERRILL 100 SW 75TH ST, STE 205 GAINESVILLE, FL 32607						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VP CLAYTON, MICHAEL W 100 SW 75TH ST, STE 205 GAINESVILLE, FL 32607						
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STREET ADDRESS
CITY-ST-ZIP
GAINESVILLE, FL 32607

TITLE
VP
NAME
STREET ADDRESS
CITY-ST-ZIP
GAINESVILLE, FL 32607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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-offer like empowered.

SIGNATURE: _

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

115/08

352-331-3343

Daytime Phone #