

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 20, 2007 8:00 am
Secretary of State

07-20-2007 90018 025 ***550.00

DOCUMENT # P93000058815 1. Entity Name SASSY, INC.					
Principal Place of Business 6230 N A1A VERO BEACH FL 32963 US			Mailing Address 6230 N A1A VERO BEACH FL 32963 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0431225 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				2nd MOORE CR2E034 (4/07)	
6. Name and Address of Current Registered Agent DARRELL FENNELL 979 BEACHLAND BLVD. VERO BEACH FL 32963			7. Name and Address of New Registered Agent Name DEANA MARCHANT Street Address (P.O. Box Number is Not Acceptable) 537 TULIP LN. City VERO BEACH FL Zip Code 32963		
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State			S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐		
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			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.		
TITLE PT ☐ Delete NAME RITTER, SUSAN S STREET ADDRESS 111 JOHNS ISLAND DRIVE CITY-ST-ZIP INDIAN RIVER SHORES FL 32963			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP ☐ Delete NAME MARCHANT, DEANA STREET ADDRESS 537 TULIP LN CITY-ST-ZIP VERO BEACH FL 32963			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		



SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-16-07 234-3998