


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-15-2004 90070 048 ***150.00

DOCUMENT # P94000014517

1. Entity Name
THE SAYLOR GROUP, INC.



Principal Place of Business Mailing Address
413 LAKEVIEW DR APT 102 **413 LAKEVIEW DR APT 102**
FORT LAUDERDALE FL 33326 **FORT LAUDERDALE FL 33326**

2. Principal Place of Business 3. Mailing Address
5320 S.W. 88TH Terrace **5320 S.W. 88TH Terrace**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Cooper City, Florida **Cooper City, Florida**

Zip Country Zip Country
33328 **USA** **33328** **USA**



MOORE CR2E034 (11/03)

4. FEI Number Applied For
65-0469765 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

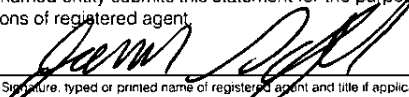
6. Name and Address of Current Registered Agent

SAYLOR, JAMES
413 LAKEVIEW DR STE 102
FORT LAUDERDALE FL 33326

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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  DATE **3/12/2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$160.00
After May 1, 2004: Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAYLOR, JAMES	
STREET ADDRESS	413 LAKEVIEW DR APT 102	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHEPPARD, LINDA	
STREET ADDRESS	413 LAKEVIEW DR APT 102	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SAYLOR, MEREDITH	
STREET ADDRESS	413 LAKEVIEW DR APT 102	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
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		
CITY-ST-ZIP		
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		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **3/12/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #