

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000079285

Entity Name: SAGE APPRAISAL ASSOCIATES, INC.

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

1617 SE 40TH TERRACE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1617 SE 40TH TERRACE
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 65-0535696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTA, STEVEN
1619 JACKSON STREET
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STURTEVANT, SUMNER
Address: 1617 SE 40 TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: D (X) Delete
Name: STURTEVANT, SHARON
Address: 1617 SE 40 TERRACE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STURTEVANT, SHARON
Address: 1617 SE 40 TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON STURTEVANT

PRES

04/13/2006

Electronic Signature of Signing Officer or Director

Date