2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000011189

1. Entity Name
GEORGE O. SAILE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1147 EDGEWATER CIRCLE	1147 EDGEWATER CIRCLE
BRADENTON, FL 34209	BRADENTON, FL 34209

DO NOT WRITE IN THIS SPACE

02232006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0640977	Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, DAVID P ESQ.
2201 RINGLING BLVD. STE 104
SARASOTA, FL 34237

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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 $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
NAME	GEORGE O. SAILE
STREET ADDRESS	1147 EDGEWATER CIR
CITY-ST-ZIP	BRADENTON, FL

TITLE	VP
NAME	ACKERMAN, STEPHEN B
STREET ADDRESS	21 CONNELLY DRIVE
CITY-ST-ZIP	STAATSBURG, NY 12580

TITLE	D
NAME	ACKERMAN, ELIZABETH L
STREET ADDRESS	21 CONNELLY DRIVE
CITY-ST-ZIP	STAATSBURG, NY 12580

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/06-80008-022 150.00

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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: ✓ _George O. Saile_____   _2/27/06_   _941 7952725_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #