

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90214 038 \*\*\*150.00

**DOCUMENT # P96000015298**

1. Entity Name  
**SAWGRASS SHOPS, INC.**



Principal Place of Business  
**315 SOUTH DIXIE HIGHWAY  
SUITE 103  
WEST PALM BEACH, FL 33401 US**

Mailing Address  
**POB 2011  
WEST PALM BEACH, FL 33402**



04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0642656**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WILMERING, KENT  
315 S. DIXIE HWY #701  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTD  
WILMERING, KENT N  
PO BOX 2011  
WEST PLAM BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VSD  
PERRY, HANK  
PO BOX 2011  
WEST PLAM BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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:** N. Kent Wilmering 4/23/04 561-586-8353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #