

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000018655

FILED
Apr 30, 2005
Secretary of State

Entity Name: S&B MANAGEMENT HOLDINGS, INC.

Current Principal Place of Business:

419 20TH AVE. WEST
PALMETTO, FL 34221 US

New Principal Place of Business:

908 RIVERSIDE DR.
SUITE #270
PALMETTO, FL 34221 US

Current Mailing Address:

419 20TH AVE. W.
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 65-0649030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAGE, AMY B
419 20TH AV. WEST
PALMETTO, FL 34221 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: PST () Delete
Name: SAGE, AMY B
Address: 419 20TH AVE. W.
City-St-Zip: PALMETTO, FL 34221

Title: V () Delete
Name: SAGE, JOHN C JR
Address: 419 20TH AVE. W.
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: AMY B. SAGE

PST

04/30/2005

Electronic Signature of Signing Officer or Director

Date