


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90078 015 \*\*\*150.00

<b>DOCUMENT # P96000044090</b> 1. Entity Name <b>SABLEWOOD BUILDING GROUP, INC.</b>					
Principal Place of Business <b>1997 CHARLES STREET TALLAHASSEE, FL 32317 US</b>			Mailing Address <b>1997 CHARLES STREET TALLAHASSEE, FL 32317 US</b>		
2. Principal Place of Business <b>937 Piney-z Plantation Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>937 Piney-z Plantation Rd</b> Suite, Apt. #, etc.			
City & State <b>Tallahassee, FL</b> Zip <b>32311</b>		City & State <b>Tallahassee, FL</b> Zip <b>32311</b>		4. FEI Number <b>65-0678932</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TELFRI, JOHN W 1997 CAHRLS STREET TALLAHASSEE, FL 32317</b>				7. Name and Address of New Registered Agent Name <b>Telfrin, John W.</b> Street Address (P.O. Box Number is Not Acceptable) <b>937 Piney-z Plantation Road</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32311</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <b>TELFRI, JOHN W</b> <b>1997 CHARLAIS STREET</b> <b>TALLAHASSEE, FL 32317</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <b>Telfrin, John W.</b> <b>937 Piney-z Plantation Road</b> <b>Tallahassee, FL 32311</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <b>John W. Telfrin</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>4-12-04</b> <b>850-656-7764</b> Date Daytime Phone #		

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