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Jan 24, 2008 8:00 am
Secretary of State
01-24-2008 90032 004 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000068073

1. Entity Name
SAGER INVESTMENTS INC.

40009173

01122008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
12105 DIVERSEY AVE. PORT CHARLOTTE, FL 33981 US	12105 DIVERSEY AVE. PORT CHARLOTTE, FL 33981 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1990 Main Street	1990 Main Street
Suite, Apt #, etc: Suite 801	Suite, Apt #, etc: Suite 801
City & State: Sarasota, Fl.	City & State: Sarasota, Fl
Zip: Fl 34236 Country: US	Zip: 34236 Country: US

4. FEI Number: 65-0689006 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JAENSCH, PETER J
2198 MAIN STREET
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name: Ronea M. Glendinning
Street Address (P.O. Box Number is Not Acceptable): 1990 Main Street, Suite 801
City: Sarasota FL Zip Code: 34236

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: Ronea M. Glendinning 1/22/08
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGER, ROLAND 12105 DIVERSEY AVE PORT CHARLOTTE, FL 33981	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGER, BRIGITTE 12105 DIVERSEY AVE PORT CHARLOTTE, FL 33981	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 1-16-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #