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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000093833

1. Corporation Name

SADDLEBACK INVESTMENT INC.

Principal Place	e of Business	Mailing Address											
1355 BENNETT	DRIVE	1355 BENNETT DRIVE											
UNIT 145		UNIT 145											
LONGWOOD FL 32750-6359		LONGWOOD FL 32750-6359				DO NOT WRITE IN THIS SPACE							
						3.	Date Incorpo	rated or	Qualifed				
							11/15/199	16					
2 Principal Pla	ace of Business	2a. Mailing Address					FEI Number					Applie	d For
	ace of business	— ·				1	65-07086	าด					pplicable
21		26					00707000	,,,,			\$8.75		
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5.	Certifcate of	Status D	esired			Requi	
22		27										<u> </u>	
City & State	e	City & State					Election Carr		-		\$5.0		·
23		28					Trust Fund C	ontribution	on		Adde	d to F	ees
Zip	Country	Zip	Cou	ntry		8.	This corpora	tion owes	the curr	rent year	Intangible		
24	25	29	30				Personal Pro	perty Tax	х.		☐ Yes	1	No
	9. Name and Address of Curren	t Registered Agent				10.	Name and A	ddress	of New I	Registere	ed Agent		
				81	Name								J
BI OT	TNICK, DAVID J												
	BENNETT DRIVE, UNIT 145			82	Street A	ddress (P.	O. Box Num	ber is No	t Accepta	able)			í
	· · · · · · · · · · · · · · · · · · ·												
LUN	GWOOD FL 32750-6359			83									
				84	City						. 85 Zi	p Coo	le
					-					F	L		
11. Pursuant i	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the al	ove-	named c	orporation	submits this	stateme	nt for the	purpose	of changing	its reg	pistered
office or re	enistered agent, or both, in the State (of Florida. Such change was	autnorized	i by tn	ne corpo	ration's bo	ard of directo	rs. I here	eby acce	pt the ap	pointment as	regisi	erea
agent. i ar	m familiar with, and accept the obligat	tions of, Section 607.0505, 11	Onda State	nes.									
SIGNATURE	Characters trend as printed game of registered agen	nt and title if applicable (NOT	E; Registered	Agent s	signature re	uired when re	instatino)			DATE			
Signature, typed or printed name of registered agent and title if applicab 12. OFFICERS AND DIRECTORS													
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12.	OFFICERS AN	ID DIRECTORS	13.			ρ	ADDITIONS/G	HANGE.	S TO OF	FICERS	AND DIREC		IN 12 ☐ Addition
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

407-834-4850