2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000091169

Entity Name: SAYAR ENTERPRISES, INC.

FILED Jan 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3655 FALLON OAKS DRIVE 5500-00 PHILIPS HIGHWAY JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

5500-00 PHILIPS HIGHWAY 3655 FALLON OAKS DRIVE JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32207

FEI Number: 59-3540289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SAYAR, GEORGE Y SAYAR, GEORGE Y 3655 FÁLLON OAKS DRIVE 5500-00 PHILIPS HIGHWAY JACKSONVILE, FL 32277 JACKSONVILE, FL 32207 US

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: 01/06/2005

> Electronic Signature of Registered Agent Date

> > Title:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SAYAR, GEORGE Y SAYAR, GEORGE Y Name: Name: 5500-00 PHILIPS HIGHWAY 3655 FALLON OAKS DRIVE Address: Address:

City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: JACKSONVILLE, FL 32207

() Delete (X) Change () Addition Name: DOUDNA, JENNIFER J Name: DOUDNA, JENNIFER J 3655 FALLON OAKS DRIVE 5500-00 PHILIPS HIGHWAY Address: Address: JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32207 City-St-Zip: City-St-Zip:

Title: Title: VΡ (X) Change () Addition () Delete

SAYAR, JAVID A Name: SAYAR, JAVID A Name:

3655 FALLON OAKS DRIVE 5500-00 PHILIPS HIGHWAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: JACKSONVILLE, FL 32207

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: JENNIFER DOUDNA S 01/06/2005