

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90064 028 ***150.00

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02162005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000100270 1. Entity Name SAYLOR PROPERTIES, INC.			
Principal Place of Business 7230 RESERVE CREEK DRIVE PORT SAINT LUCIE, FL 34986 US		Mailing Address 7230 RESERVE CREEK DRIVE PORT SAINT LUCIE, FL 34986 US	
2. Principal Place of Business 8812 First Tee Road Suite, Apt. #, etc.		3. Mailing Address P.O. Box 881405 Suite, Apt. #, etc.	
City & State Port St. Lucie Florida Zip 34986 Country USA		City & State Port St. Lucie Florida Zip 34988 Country USA	
4. FEI Number 65-0895416		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINGFIELD, T. SCOTT 7230 RESERVE CREEK DR PORT SAINT LUCIE, FL 34986		7. Name and Address of New Registered Agent Name Wingfield, T. Scott Street Address (P.O. Box Number is Not Acceptable) 8812 First Tee Road Port Saint Lucie FL 34986 City FL Zip Code	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 WINGFIELD, T. SCOTT 7230 RESERVE CREEK DRIVE PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Wingfield, T. Scott 8812 First Tee Rd. Port St. Lucie FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINGFIELD, Karon E 7230 RESERVE CREEK DRIVE PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Wingfield, Karon E 8812 First Tee Rd Port St. Lucie FL 34986 <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	T/S/D Wingfield, Sara K 8812 First Tee Rd. Port St. Lucie FL 34986 <input type="checkbox"/> Change <input checked="" 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:		T. Scott Wingfield	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/16/2005 Daytime Phone # 772-370-1196	