

2005 FOR PROFIT CORPORATION ANNUAL REPORT


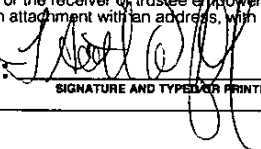
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Feb 21, 2005 8:00 am
Secretary of State

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		City & State Port St. Lucie Florida	
Zip 34986	Country USA	Zip 34988	Country USA
4. FEI Number 65-0895416		Applied For 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 WINGFIELD, T. SCOTT	<input type="checkbox"/> Delete	TITLE NAME P/D Wingfield, T. Scott	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7230 RESERVE CREEK DRIVE		STREET ADDRESS 8812 First Tee Rd.	
CITY-ST-ZIP PORT ST. LUCIE, FL 34986		CITY-ST-ZIP Port St. Lucie FL 34986	
TITLE NAME WINGFIELD, KARON E	<input type="checkbox"/> Delete	TITLE NAME V/D Wingfield, Karon E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7230 RESERVE CREEK DRIVE		STREET ADDRESS 8812 First Tee Rd	
CITY-ST-ZIP PORT ST. LUCIE, FL 34986		CITY-ST-ZIP Port St. Lucie FL 34986	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME T/S/D Wingfield, Sara K	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS 8812 First Tee Rd.	
CITY-ST-ZIP		CITY-ST-ZIP Port St. Lucie FL 34986	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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	
		2/16/2005	
		772-370-1196	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	