


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

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| DOCUMENT # P99000005985 1. Entity Name MICHAEL SAGES & COMPANY, INC. | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 19940 MONA RD SUITE # 5 TEQUESTA, FL 33469 | | Mailing Address 19940 MONA RD SUITE # 5 TEQUESTA, FL 33469 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 19940 mona Rd Suite, Apt. #, etc. ste. 5 | | 3. Mailing Address same Suite, Apt. #, etc. SAME | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Tequesta, FL. | | City & State SAME | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33469 | Country USA | Zip SAME | Country SAME | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 65-0891305 | | 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 SAGES, MICHAEL W 1821 DSE ISLAND DR ✓ TEQUESTA, FL 33469 18231 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: <u>Michael W Sages</u> MICHAEL W. SAGES PRESIDENT 1/31/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SAGES, MICHAEL W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9806 S.E. LANDING PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TEQUESTA, FL 33469</td> <td></td> </tr> </table> | | TITLE | D | <input type="checkbox"/> Delete | NAME | SAGES, MICHAEL W | | STREET ADDRESS | 9806 S.E. LANDING PLACE | | CITY-ST-ZIP | TEQUESTA, FL 33469 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PRESIDENT</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SAGES, MICHAEL W.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18231 SE ISLAND DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TEQUESTA, FL. 33469</td> <td></td> </tr> </table> | | TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | SAGES, MICHAEL W. | | STREET ADDRESS | 18231 SE ISLAND DRIVE | | CITY-ST-ZIP | TEQUESTA, FL. 33469 | |
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| 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: <u>Michael W Sages</u> MICHAEL W. SAGES 1/31/06 561-746-4880 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |