

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000005985

1. Entity Name

MICHAEL SAGES & COMPANY, INC.



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

02-02-2006 90028 040 ***150.00

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
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

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAGES, MICHAEL W
1821 SE ISLAND DR
TEQUESTA, FL 33469

18231

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

Michael W. Sapp MICHAEL W. SAGES PRESIDENT 1/31/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$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 SAGES, MICHAEL W 9806 S.E. LANDING PLACE TEQUESTA, FL 33469	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SAGES, MICHAEL W. 18231 SE ISLAND DRIVE TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CARLA COLLEEN SAGES 18231 SE ISLAND DRIVE TEQUESTA, FL 33469	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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
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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 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: *Michael W. Sapp* MICHAEL W. SAGES 1/31/06 561-746-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #