

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90008 011 \*\*\*150.00

**DOCUMENT # P99000046513**

1. Entity Name  
**SARNER CONSULTING, INC.**



Principal Place of Business  
**5424 N W 41ST TERRACE  
BOCA RATON, FL 33496**

Mailing Address  
**5424 N W 41ST TERRACE  
BOCA RATON, FL 33496**



07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0923145**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SARNER, SUSAN  
5424 N W 41ST TERRACE  
BOCA RATON, FL 33496**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-9-04**

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SARNER, SUSAN 5424 N W 41ST TERRACE BOCA RATON, FL 33496</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Susan Sarnier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Susan Sarnier* **7-9-04**  
Date

Daytime Phone #

*Attachment*  
*44048640*

**SARNER CONSULTING  
5424 N.W. 41<sup>ST</sup> STREET  
BOCA RATON, FL 33496**

July 6, 2004

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

**RE: SARNER CONSULTING  
DOCUMENT #P99000046513**

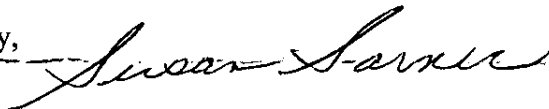
To Whom It May Concern:

Enclosed please find the 2004 Annual Report for Sarner Consulting, Inc. along with our check for \$150.00. We had not received any prior correspondence indicating that this report was due. This is the first notification that was received by Sarner Consulting, Inc.

Please accept this 2004 Annual Report along with the check for \$150.00 and show the corporation as current.

Thank you for your cooperation in this matter.

Sincerely,



Susan Sarner, President