


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000059794		
1. Entity Name ANGIE SAWDY, P.A.		
Principal Place of Business 14274 RESERVE CT PORT CHARLOTTE, FL 33953 US	Mailing Address 14274 RESERVE CT PORT CHARLOTTE, FL 33953 US	
<b>DO NOT WRITE IN THIS SPACE</b>		



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0929792	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SAWDY, ANGIE  
 14274 RESERVE CT  
 PORT CHARLOTTE, FL 33953

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	D SAWDY, ANGIE 14274 RESERVE CT PORT CHARLOTTE, FL 33953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAWDY, MICHAEL R 14274 RESERVE CT PORT CHARLOTTE, FL 33953
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 01/09/04-80019-003 150.00

**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)(f), 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: Angie K. Sawdy Date: 1/6/04 Daytime Phone #: 941-627-3321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR