

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090752

Entity Name: SAPPHIRE CONSULTANTS, INC.

FILED  
Feb 07, 2005  
Secretary of State

## Current Principal Place of Business:

636 CYPRESS WAY E  
NAPLES, FL 34110

## New Principal Place of Business:

1862 IVORY CANE POINTE  
NAPLES, FL 34119

## Current Mailing Address:

636 CYPRESS WAY E  
NAPLES, FL 34110

## New Mailing Address:

1862 IVORY CANE POINTE  
NAPLES, FL 34119

FEI Number: 13-3974232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SUPPES, MICHELLE P  
636 CYPRESS WAY E  
NAPLES, FL 34110 US

## Name and Address of New Registered Agent:

SUPPES, MICHELLE P  
1862 IVORY CANE POINTE  
NAPLES, FL 34119 US

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.

SIGNATURE:

02/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: SUPPES, MICHELLE P  
Address: 636 CYPRESS WAY E  
City-St-Zip: NAPLES, FL 34110

Title: S ( ) Delete  
Name: ANTHONY, MARK  
Address: 636 CYPRESS WAY E.  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SUPPES, MICHELLE P  
Address: 1862 IVORY CANE  
City-St-Zip: NAPLES, FL 34119

Title: S (X) Change ( ) Addition  
Name: ANTHONY, MARK  
Address: 1862 IVORY CANE POINTE  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE P. SUPPES

PRES

02/07/2005

Electronic Signature of Signing Officer or Director

Date