

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90055 009 ***150.00

DOCUMENT # P99000104394

1. Entity Name

SAPP ENTERPRISES, INC.



Principal Place of Business

18605 TAMPA ROAD
FORT MYERS FL 33912

Mailing Address

18605 TAMPA ROAD
FORT MYERS FL 33912

2. Principal Place of Business

15660 San Carlos Blvd

Suite, Apt. #, etc.

Suite 40

3. Mailing Address

15660 San Carlos Blvd

Suite, Apt. #, etc.

#40



MOORE

CR2E034 (11/03)

City & State

Ft Myers FL

Zip

33908

Country

USA

City & State

Ft Myers FL

Zip

33908

Country

USA

4. FEI Number

65-0969161

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAPP, PAUL
18605 TAMPA ROAD
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

Paul Sapp

Street Address (P.O. Box Number is Not Acceptable)

15660 San Carlos Blvd #40

City

Ft Myers

FL

Zip Code

33908

B. 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

Paul J Sapp

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SAPP, PAUL L	
STREET ADDRESS	18605 TAMPA ROAD	
CITY-ST-ZIP	FORT MYERS FL 33912	

TITLE	VP	<input type="checkbox"/> Delete
NAME	SAPP, MARIE	
STREET ADDRESS	18605 TAMPA ROAD	
CITY-ST-ZIP	FORT MYERS FL 33912	

TITLE	ST	<input type="checkbox"/> Delete
NAME	SAPP, MARIE-	
STREET ADDRESS	18605 TAMPA ROAD	
CITY-ST-ZIP	FORT MYERS FL 33912	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Sapp	
STREET ADDRESS	15660 San Carlos Blvd #40	
CITY-ST-ZIP	Ft Myers, FL 33908	

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marie Sapp	
STREET ADDRESS	15660 San Carlos Blvd #40	
CITY-ST-ZIP	Ft Myers FL 33908	

TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marie Sapp	
STREET ADDRESS	15660 San Carlos Blvd #40	
CITY-ST-ZIP	Ft Myers FL 33908	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Marie Sapp Marie Sapp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-9-04 239-481-1577

Daytime Phone #