

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90040 009 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                    |                                                                                                                                                                                                                                              |                                                                                 |                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>DOCUMENT # P99000104394</b><br>1. Entity Name<br><b>SAPP ENTERPRISES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                                                                                                    |                                                                                                                                                                                                                                              |                                                                                 |                                                                          |
| Principal Place of Business<br><b>14360 S. TAMiami TRAIL<br/>UNIT B<br/>FORT MYERS, FL 33912</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                                                    | Mailing Address<br><b>14360 S. TAMiami TRAIL<br/>UNIT B<br/>FORT MYERS, FL 33912</b>                                                                                                                                                         |                                                                                 |                                                                          |
| 2. Principal Place of Business No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | 3. Mailing Address                                                                                                 |                                                                                                                                                                                                                                              |                                                                                 |                                                                          |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | Suite, Apt. #, etc.                                                                                                |                                                                                                                                                                                                                                              |                                                                                 |                                                                          |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | City & State                                                                                                       |                                                                                                                                                                                                                                              |                                                                                 |                                                                          |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | Country                                                                                                            |                                                                                                                                                                                                                                              | Zip                                                                             |                                                                          |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            | Country                                                                                                            |                                                                                                                                                                                                                                              | 01212008 Chg-P CR2E034 (12/06)                                                  |                                                                          |
| 4. FEI Number<br><b>65-0969161</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                                                    |                                                                                                                                                                                                                                              | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |                                                                          |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                    |                                                                                                                                                                                                                                              | <b>\$8.75 Additional Fee Required</b>                                           |                                                                          |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>SAPP, PAUL --<br/>14360 S. TAMiami TRAIL<br/>UNIT B<br/>FORT MYERS, FL 33912</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                                                                                                    | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                 |                                                                          |
| 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 _____ DATE _____<br><small>Signature, used in election of agent or registered agent and the Treasurer. (NOTE: Registered Agent's signature required on all filings)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                    |                                                                                                                                                                                                                                              |                                                                                 |                                                                          |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                                              |                                                                                 |                                                                          |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                                                                                                    | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                                 |                                                                                 |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P<br>SAPP, PAUL L<br>15660 SAN CARLOS BLVD STE 40<br>FORT MYERS, FL 33908  | <input type="checkbox"/> Delete                                                                                    |                                                                                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                  | P<br>Paul Sapp<br>14360 S. Tamiami Tr. Unit B<br>Ft Myers FL 33912       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VP<br>SAPP, MARIE<br>15660 SAN CARLOS BLVD STE 40<br>FORT MYERS, FL 33908  | <input type="checkbox"/> Delete                                                                                    |                                                                                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                  | VP, S.T<br>marie Sapp<br>14360 S. Tamiami Tr Unit B<br>Ft Myers FL 33912 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ST<br>SAPP, MARIE<br>33908<br>FORT MYERS, FL 33912                         | <input type="checkbox"/> Delete                                                                                    |                                                                                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                  | D<br>Randall Diveley<br>14360 S. Tamiami Tr. Unit B<br>Ft Myers FL 33912 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D<br>DIVELEY, RANDALL<br>15660 SAN CARLOS BLVD #40<br>FORT MYERS, FL 33908 | <input type="checkbox"/> Delete                                                                                    |                                                                                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                  | [Blank]                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | [Blank]                                                                    | <input type="checkbox"/> Delete                                                                                    |                                                                                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                  | [Blank]                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | [Blank]                                                                    | <input type="checkbox"/> Delete                                                                                    |                                                                                                                                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                  | [Blank]                                                                  |
| 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: <u>Marie Sapp</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                                                                                                    |                                                                                                                                                                                                                                              | 239-481-1577<br><small>DATE</small>                                             |                                                                          |