

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # S78818 1. Entity Name SAWDUST JOE, INC.	
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Principal Place of Business P.O. BOX 1394 PALMETTO, FL 34220 US	Mailing Address P.O. BOX 1394 PALMETTO, FL 34220 US
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DO NOT WRITE IN THIS SPACE



03032006 No Chg-P CRZE034 (11/05)

4. FEI Number 65-0283859	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, J. STANLEY
P.O. BOX 1394
PALMETTO, FL 34220**

**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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 ROBERTS, J. STANLEY P.O. BOX 1394 PALMETTO, FL 34220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, TERI L. P.O. BOX 1394 PALMETTO, FL 34220
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03/20/06-80007-004 150.00

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IN THIS SPACE**

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/06

Date

941.730.0498

Daytime Phone #