2007 FOR PROFIT CORPORATION ANNUAL REPORT

01-10-2007 90044 016 ***150.00

FILED

07 JUL 12 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S78818

1. Entity Name
SAWDUST JOE, INC.

Principal Place of Business
P.O. BOX 1394
PALMETTO, FL 34220 US

Mailing Address
P.O. BOX 1394
PALMETTO, FL 34220 US

01062007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
1705 5th St. W.
Suite, Apt. #, etc.
City & State: Palmetto, FL
Zip: 34221 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-0283859
☐ Applied For ☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1705 5th St. W.

City Palmetto FL Zip Code 34221

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS, J. STANLEY P.O. BOX 1394 PALMETTO, FL 34220 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1705 5th St. W. Palmetto FL 34221 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS, TERI L. P.O. BOX 1394 PALMETTO, FL 34220 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1705 5th St. W. Palmetto FL 34221 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Stanley Roberts 1-8-07 941.723.7228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #