2004 FOR PROFIT CORPORATION

Feb 23, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # V16372 1. Entity Name SARÁH NICHOLAS ENTERPRISES, INC. Principal Place of Business Mailing Address % THEOPHILUS BEJELIS % THEOPHILUS BEJELIS 1908 PICCADILLY CIR 1908 PICCADILLY CIR CAPE CORAL, FL 33991 CAPE CORAL, FL 33991 02192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0308272 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEJELIS, THEOPHILOUS DO NOT WRITE 1908 PICCADILLY CIR CAPE CORAL, FL 33991 IN THIS SPACE 3. 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. U00000063032 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 02/23/04-80144-022 150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE D NAME BEJELIS, THEOPHILOUS STREET ADDRESS 1908 PICADILLY CIR CITY-ST-ZIF CAPE CORAL, FL 33991 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

> OR PRINTED NAME OF SI NING OFFICER OR DIRECTOR

239-282-3569

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