


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

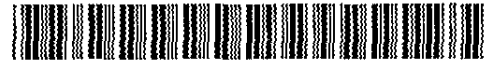
**DOCUMENT # P00000011744**

1. Entity Name  
**S.A.D.L.E.S., INC.**



Principal Place of Business <b>41025 THOMAS BOAT LANDING          UMATILLA, FL 32784 US</b>	Mailing Address <b>37120 CR 452          GRAND ISLAND, FL 32735 US</b>
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**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3626847</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MYERS, CHER  
 37120 CR 452  
 GRAND ISLAND, FL 32735**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

**U00000090632  
 03/17/04-80027-007 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYERS, CHER 37120 CR 452 GRAND ISLAND, FL 32735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MYERS, MICHAEL 37120 CR 452 GRAND ISLAND, FL 32735
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cher Myers Cher Myers 3-1504 (352) 669-1012  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #