

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 290452

**FILED**  
**Oct 18, 2005**  
**Secretary of State**

**Entity Name:** SAUNDERS COMPANY OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

1302 S. MCGEE ROAD  
BONIFAY, FL 32425

**New Principal Place of Business:**

703 N. WAUKESHA STREET  
BONIFAY, FL 32425

**Current Mailing Address:**

P. O. BOX 993  
BONIFAY, FL 32425

**New Mailing Address:**

**FEI Number:** 59-1114934      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAUNDERS, JAVETTA  
1302 SOUTH MCGEE ROAD  
P.O. BOX 993  
BONIFAY, FL 32425 US

**Name and Address of New Registered Agent:**

SAUNDERS, JAVETTA  
703 N. WAUKESHA STREET  
BONIFAY, FL 32425 US

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.

SIGNATURE: JAVETTA SAUNDERS      10/18/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SAUNDERS, B. W. JR.  
Address: BOX 993  
City-St-Zip: BONIFAY, FL 32425 US

Title: S ( ) Delete  
Name: SAUNDERS, JAVETTA  
Address: BOX 993  
City-St-Zip: BONIFAY, FL 32425 US

Title: V ( ) Delete  
Name: SAUNDERS, SHANNON  
Address: BOX 993  
City-St-Zip: BONIFAY, FL 32425 US

Title: V ( ) Delete  
Name: SAUNDERS, RACHEL  
Address: BOX 993  
City-St-Zip: BONIFAY, FL 32425 US

Title: V (X) Delete  
Name: SAUNDERS, STEVE  
Address: BOX 993  
City-St-Zip: BONIFAY, FL 32425 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAVETTA SAUNDERS      SECR      10/18/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date