## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 290452** 

Entity Name: SAUNDERS COMPANY OF NORTH FLORIDA, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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703 N. WAUKESHA STREET 203 BOCAGE ST BONIFAY, FL 32425 DOTHAN, AL 36303

Current Mailing Address: New Mailing Address:

P. O. BOX 993 203 BOCAGE BONIFAY, FL 32425 DOTHAN, AL 36303

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

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

SAUNDERS, JAVETTA
703 N. WAUKESHA STREET
BONIFAY, FL 32425 US
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: BARTOW SAUNDERS 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: SAUNDERS, B. W. JR. Name: SAUNDERS, B. W. JR.

Address: BOX 993 Address: 203 BOCAGE

City-St-Zip: BONIFAY, FL 32425 US City-St-Zip: DOTHAN, AL 36303 US

Title: S () Delete Title: S (X) Change () Addition

Name: SAUNDERS, JAVETTA Name: SAUNDERS, JAVETTA

Address: BOX 993 Address: 203 BOCAGE

City-St-Zip: BONIFAY, FL 32425 US City-St-Zip: DOTHAN, AL 36303 US

Title: V ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SAUNDERS, SHANNON
 Name:

 Address:
 BOX 993
 Address:

City-St-Zip: BONIFAY, FL 32425 US City-St-Zip:

Title: V () Delete Title: () Change () Addition

 Name:
 SAUNDERS, RACHEL
 Name:

 Address:
 BOX 993
 Address:

 City-St-Zip:
 BONIFAY, FL 32425 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BARTOW SAUNDERS P 04/30/2007